What's **Gone Wrong** With

Specialism?



# Kolantyl

## is much more than an antacid

Clinical experience clearly indicates that alkali is not the only answer to ulcer pain. 1-5

More than an antacid is needed. Kolantyl is more than an antacid. It blocks all three sources of ulcer pain. An antispasmodic (safe Bentyl) to stop pain-producing spasm. Anti-enzyme action to curb peptic erosion. Balanced antacids that neither constipate nor laxate. Plus a demulcent to promote healing.

Shotgun therapy? Probably not, when you consider this: Which one of the ingredients of Kolantyl can an ulcer patient do without?

**Dosage:** 1 teaspoonful, or 2 tablets, every three hours, as needed.

REFERENCES: 1. Altschule, Mark D.: Med. Science 6:560, Oct. 25, 1959. 2. Kasich, A. M.; Boleman, A. P., Jr., and Rafsky, J. C.: Am. J. Digest. Dis. 1:361, 1956. 3. Roth, J. L. A.; Wechsler, R. L., and Bockus, H. L.: Gastroenterology 31:493, 1956. 4. Rafsky, J. C.: Gastroenterology 27:29, 1954. 5. Ruffin, J. M. Baylin, G. J.; Legerton, C. W., and Texter, E. C., Jr.: Gastroenterology 23:252, 1953.

THE WM. 5. MERRELL COMPANY New York . Cincinnati . St. Thomas, Ontario

## **Medical Economics**

#### NEWS BRIEFS

WHAT STOCKS SHOULD YOU GET RID OF? Investment counselors are now advising clients to take a close look at any stocks they hold in these 8 industries: aircraft, brewing, machinery, oil-field equipment, shipping, ship-building, sugar, and uranium.

FASTEST-GROWING HEALTH INSURANCE is still major medical, the Health Insurance Institute reports: 4,000,000 more Americans got this coverage in 1959.

36% OF ALL PEOPLE CONVICTED OF TAX FRAUD in fiscal 1959 got prison terms, Charles K. Rice, head of the Justice Department's Tax Division, reported recently. The majority of those convicted, he added, were business and professional people who'd never had any other trouble with the law.

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fsky, . M.; KEEPING IT IN THE FAMILY: The Association of American Medical Colleges reports that more than half of all medical students today have M.D.-relatives; one in every seven students is an M.D.'s child.

#### NEWS BRIEFS

BUSINESS BOOM ISN'T BOOSTING PEOPLE'S SAVINGS, the U.S. Department of Commerce notes: "Individuals have been spending their expanding income rather freely. In this past year these earnings were supplemented by a record use of borrowed funds."

YOU'VE GOT UNTIL FEB. 29 to file any "information returns" you owe the I.R.S. These report certain 1959 payments you made that are taxable income to the person paid—such as office rent of \$600 or more paid a noncorporate landlord, fees of \$600 or more paid to lawyers or accountants, etc.

"MEDICAL VULTURES" who charge fees "out of all proportion to the patient's ability to pay" are casting "an unwholesome shadow on the whole [medical] profession," warns a recent editorial in The Massachusetts Physician. Who's chiefly to blame? "Too often," the journal says, "exorbitant fees are levied by physicians occupying high positions in medical schools and on hospital staffs."

COLLAPSE OF BRITISH COMMERCIAL insurance company, which voided many American M.D.s' malpractice coverage, has led N.Y. brokers to request tighter regulation of foreign insurers here. "Companies with no financial standing at all are finding their way into the American excess-surplus risk field," the brokers recently warned state insurance officials.

1

HOW HAS LABOR FARED in its drive to unionize hospitals? The A.H.A. reports that workers in 152 U.S. hospitals now have union contracts.

EVEN IF THE FORAND BILL STAYS BOTTLED UP in the House Ways and Means Committee, its provisions could "sneak in the back door," Washington insiders say. Another Social Security bill-one to lower the age-50 requirement for disability benefits-is sure to get out of the committee, they say. When this bill gets to the floor, Forand could tack on his own as an amendment. And if this happens, these observers predict, Forand's bill will pass.

MEDICINE GOT 2 NEW BLASTS from the nation's bookpublishers last month: Seymour Kern's "The Golden Scalpel" and Dr. P. Beregoff-Gillow's "A Doctor Dares to Tell-The Inside Story of Medicine."

THAT "SUBSTITUTE" FOR THE FORAND BILL, which Health Secretary Arthur Flemming has said his department would introduce, will probably never appear, this magazine has learned from a Congressman who recently talked with the Secretary. Flemming apparently spoke out of turn when he said such a bill would have the Administration's backing: the Administration has since told him otherwise. Now, the Congressman reports. "it's my understanding that he's not coming out with any such bill at all."

#### NEWS BRIEFS

BE SURE YOUR TAX RETURN LISTS all declarable dividends and interest you received last year, I.R.S. officials are warning. They say they'll make a special effort this year to track down an estimated \$5,000,000,000 in unreported dividends and interest.

HOSPITAL STAY IS NO FINANCIAL HARDSHIP for most patients, a recent study by the Hackensack (N.J.) Hospital indicates: 65% of all its patients had health insurance, another 10% could pay their bill without coverage, and 15% were eligible for charity care. That left only 10% who might feel the pinch.

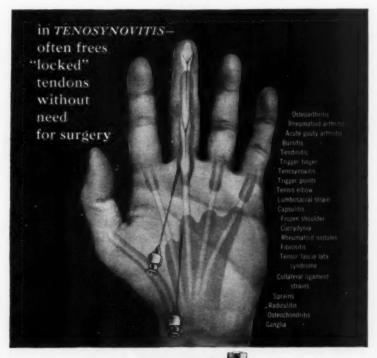
WHY DON'T MORE FOREIGN INTERNES COME HERE? Because those who do are often "ignored [and] placed in the category of a 'second-rater,'" asserts Dr. Richard Dugan of Teaneck, N.J. "The foreign doctor is belittled by the attending physician and bullied by the nurse in charge of the floor." As a result, he returns home "humiliated and embittered" instead of as "an ambassador from our country to his."

I.R.S. REPORTS AN ERROR in its current instructions for filling out certain tax forms. The instructions say that dividends received from life insurance stock or from certain mutual insurance companies don't qualify for the 4% dividends-received credit or the \$50 dividends-received exclusion. Under a 1959 law, such dividends do qualify.

Anti-inf effect to than that by any of steroid of

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to win patient cooperation [Fungizone] per cc.). Squibb Quality - the

Myst-F-60-1

# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 15, 1960

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### Where to Find an Aide ......69

Advertise? Call an agency? Get in touch with a school? Use the grapevine? Raid your hospital? Draft your wife? Draw your own conclusions from this analysis of all such sources

### 

Why are rural G.P.s a vanishing breed? This doctor's frank account of his medical practice in a small town gives a disturbing answer to the question

#### 'It's Hell to Serve on an Infections Committee!' . . . . 79

Everybody thinks doctors should do more to control staph in the hospital. 'Agreed,' says this physician. 'But let's not kid ourselves into thinking good intentions will do it'

### 

Are you vague about the limits of your field of practice? Are you often irked by 'poaching' colleagues? If so, you're in good company. Here's what 1,084 representative specialists say about the jurisdictional disputes that now beset the borderline areas of modern medical practice

- More

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in hypometabolism

Rapid clinical improvement 1-4

offers 5 significant advantages

Easy, sensitive dosage adjustment 5-7

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1. Rose, E.: DaCosta Oration, Philadelphia County M. Soc., Oct. 10, 1956. 2. Kupperman, Rose, E.: DaCosta Oration, Philadelphia County M. Soc., Oct. 10, 1956. 2. Kupperman, H.S.: Surg. Clin. North America, Apr. 1957, p. 517. 3. Kearns, J.E.: Quart. Bull. Northwestern Univ. M. School 31:97 (Summer) 1957, 4. Dyson, A., and Wood, M.W. W. Lancet 2:757 (Oct. 13) 1956. 5. Finkler, R.: J. Am. M. Women's A. 14:593 (July) 1959. 6. Steinetz, K.: Klin. Wchnschr. 34:265 (Mar. 1) 1956. 7. Zondek, H., et al.: Acta endocrinol. 18:117 (Feb.) 1955. 8. Foster, H.M.: Am J. Obst. & Cynec. 77:130 (Jan.) 1959. 9. Council on Drugs of A.M.A.: J.A.M.A. 164:972 (June 29) 1957. 10. Newman, S., and Escamilla, R.F.: California Med. 88:206 (Mar.) 1958. 11. Frawley, T.F., et al.: J.A.M.A. 160:646 (Feb. 25) 1956. 12. Travell, J., et al.: 3rd Internat. Cong. of Rheumatic Diseases, Aix-less Bains, France, June 29, 1956. 13. Helm, A.: Internat. Rec. Med. & Gen. Pract. Clin. 170:36 (Feb.) 1957. 14. Starr, P.: Spectrum 6:262 (Mar.) 15) 1958.

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You may save money and trouble by studying this business consultant's answers to tax questions doctors asked him
In Accident Cases, Ask for a Legal Report
If you provide a medical report, it's your privilege to expect the legal facts in return, suggests this attorney. They'll help you determine when and by whom you'll be paid
How to Speculate Successfully
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State Taxes Help Cut Your Federal Tax Bill 159
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New Rules for Kintner-Type Pension Plan177
Now that the Treasury has finally stated how medical groups can qualify for tax-favored retirement programs, what can group doctors do about it? Here's the answer
A Psychiatrist Talks Back to His Critics
Do you believe he and his colleagues practice in an ivory tower removed from the medical world? This defense of a misunderstood specialty may change your mind.

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# Clarin\* can do this for your postcoronary patients



WITHOUT CLARIN, turbid blood serum five hours after a fat meal: This unretouched dark-field photomicrograph (2500X) shows potentially hazardous fat concentrations circulating in the blood stream of a patient after a standard fat meal.

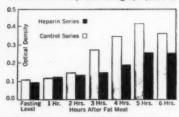
CLARIN is sublingual heparin potassium. One mint-flavored tablet taken after each meal effectively "causes a marked clarification of postprandial lipemic serum." Clarin facilitates the normal physiologic breakdown of fats, with no effects on the blood-clotting mechanism. It therefore provides important benefits for your postcoronary patients.

Indication: For the management of hyperlipemia associated with atherosclerosis. Dosage: After each meal, hold one tablet under the tongue until dissolved. Supplied: In bottles of 50 pink, sublingual tablets, each containing 1500 I.U. heparin potassium.

Fuller, H. L.: Angiology 9:311 (Oct.) 1958.
 Shaftel, H. E., and Selman, D.: Angiology 10:131 (June) 1959.



WITH CLARIN, clear blood serum five hours after a fat meal: After eating a standard fat meal as at left, the same patient has taken one sublingual Clarin tablet. Note marked clearing effect and reduction in massive fat concentrations in this unretouched photomicrograph (2500X).



Average serum optical density in 36 patients after fat meal with and without sublingual heparin.<sup>1</sup>

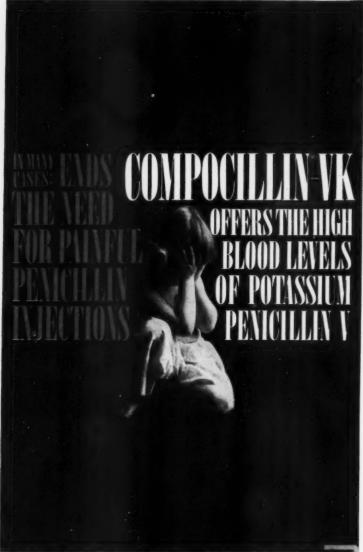
\*Registered trade mark. Patent applied for,

Thes. Leeming & Ca., Inc. New York 17, N. Y.

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Ensey, J. E.: Am. J. Obst. 77:155, 1959

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## Letters

#### Who'll Teach the Teacher?

Sirs: Should doctors be forced to keep pace with medical progress? Dr. Henry A. Davidson makes an excellent case for an affirmative answer. There's one thing wrong, though. His system won't work.

Suppose a clinician in practice for fifteen years fails a relicensing board examination. Is he supposed to suspend practice until he can pass the exam? And who's to decide just which are the really important developments, anyway? The professors? Other clinicians? Who, in turn, will test them?

An equitable solution won't be easy to come by.

Vincent J. Fisher, M.D. Staten Island, N.Y.

#### **Doctor-Lawyer Feud**

SIRS: A Nebraska doctor recently remarked in your pages that one hears a great deal about the socalled conspiracy of silence among doctors but nothing at all about the conspiracy among lawyers. He proves his point by saying that in a city of 300,000, he hasn't been able to find one attorney who'll help him start proceedings against several lawyers.

Think his is an isolated case? Not at all. Exactly the same situation prevails here. And while our colleague from Nebraska apparently didn't want his name published, please feel free to use mine. Let's have the names of all those who'd be willing to affiliate with the A.U.L.L .- the Anti-Unethical Lawyers League.

Fred A. Rechnitz, M.D. Alamosa, Colo.

#### Millstone Wives

Sirs: Now that you've defined the problem of the millstone wife, here are some solutions other than divorce or murder:

- 1. Don't employ your wife as your office assistant.
- 2. Keep your home and your office separate.
- 3. Don't go to gatherings where talk can be harmful.
- 4. Check ostentation. Hold back on funds, if need be.
- 5. Encourage friend wife (but gently) to take a course in human relations.
- 6. If she's hopeless but you love her anyway, you might change from a clinical field to laboratory, X-ray, or research work. Then

## Letters

presumably what she is or does won't matter so much.

> Alfred P. Ingegno, M.D. New York, N.Y.

SIRS: ... In "The Little Woman: Professional Asset—or Millstone?" you paint a grim picture of the gossipy, extravagant, meddling wife. But is such a woman a danger to doctors only? Won't she seriously harm her husband no matter what his occupation?

> Leo Nadvorney, M.D. New York, N.Y.

#### Hard-to-Handle Patient

Sirs: I thought of your article "How to Handle the Seductive Patient" when I heard about something that happened to a young internist I know. Here's the story:

The patient seemed unremarkable enough on her first three visits. She was a pallid woman with routine problems. Then the internist received a disturbing letter from her: "I think about nothing but you, you, you, and you've got to meet me at once. Not in your office, either. We have to talk this thing over right now!"

In a panic, the internist brought the letter to our hospital to get the opinion of his colleagues. Our verdict was unanimous. As one of the senior physicians put it to the young doctor: "The patient is apparently a schizophrenic suffering from a grand delusion. For your own protection, sever the relationship at once. Write a firm, businesslike letter. Keep a carbon copy of your letter, and let some of us in on it as witnesses."

This no-nonsense approach worked-in a way. The letter was mailed and the patient has disappeared from the doctor's life. But doesn't this still leave a loose end?

While the doctor has protected himself, the disturbed patient's real problem hasn't been touched. Isn't there a way for a medical man in such a situation to defend himself and help his patient at the same time?

M.D., Ohio

#### **Hill-Burton Dilemma**

SIRS: The medical staff at our forty-bed Hill-Burton hospital recently recommended the dismissal of the nurse in charge of our obstetrical ward. She was entirely unsuitable. Yet our administrator (a country newspaper editor) decided otherwise. The governing board backed him up.

I'm the so-called chief of staff here. It's tough for me to be dictated to by a man who knows neither medicine nor administration. Yet the Hill-Burton set-up

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## Letters

makes it impossible to do anything about such a situation. I can always resign, of course, and I've seriously thought of doing just that.

> R. R. Brown, M.D. Romney, W.Va.

#### **Malpractice-Minded Juries**

SIRS: In "How to Keep Your Malpractice Rates Down," Author John R. Lindsey notes that California law is much harder on doctors than Pennsylvania law. But, as he says, it isn't the law alone that makes all the difference; it's the attitude of the courts.

Where courts are conservative and juries realistic, malpractice suits don't seem to arise. That's the Pennsylvania climate. For example, when I was in Lancaster, Pa., I found that there had been only one such suit in the history of the Lancaster County Medical Society.

As a result, local physicians seemed unconcerned about the threat of malpractice suits. Operation consents, for example, didn't specify the procedure to be used.

You don't get such a favorable malpractice situation in any state just by changing its laws. You must

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1. Gould, A. H. and Long, D. L.:
(Medical Times, Dec. 1959).
2. Medical Department, White
Laboratories, Inc.

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## Letters

also change the attitude of its jurists.

M.D., New York

#### An Aide on Honesty

SIRS: May a medical secretary reply to Horace Cotton's article "Are You Courting Embezzlement?"

Mr. Cotton seems to feel that each doctor is about to fall victim to a light-fingered, thieving secretary. Turn the books over to a sharp-witted friend, he says. Divide the money work between two girls if possible. And go over the books yourself whenever you can.

Really, Mr. Cotton! If you're trying to think up new ways of sowing the seeds of suspicion, you've certainly succeeded. Most of your suggestions for safeguarding the doctor will only antagonize honest employes and will do little—if anything—to smoke out the few dishonest ones.

Isabel d'Urbal Medical Secretary Spokane, Wash.

#### **Keep Records Fifty Years?**

SIRS: How long should patient records be preserved? A recent ex-

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22 MEDICAL ECONOMICS · FEBRUARY 15, 1960

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## Nation's Leading Designers and Builders of prefab "Medical Buildings"



An Erdman prefabricated medical building

## designed to insure efficiencyprefabricated to save money

The trend in medical office building today is to prefabrication.

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Erdman prefabricated medical offices are individually designed for the selected building site and laid out with your specific needs in mind.

Because of standardized

plans, mass-produced parts and materials, and experienced craftsmen — Erdman saves much in costs, minimizes construction time and insures an ideal building.

If you are interested in a building for your offices, write us and we will tell you more of our specialized work. You'll know then why we have built for more than 275 doctors throughout the country. Write Marshall Erdman and Associates, Inc., 5117 University Ave., Madison 5, Wisconsin, or telephone CEdar 3-5354.

MEDICAL ECONOMICS · PEBRUARY 15, 1960 23

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## Letters

perience of mine suggests one answer: half a century.

A letter from a distant city asked me to play medical detective. The writer explained that many years before, while a resident of my community, he'd been kicked in the head by a mule and had been taken to a local hospital. There he'd been treated by an unnamed physician. He gave the date of his accident as July 11, 1911—eleven years before I was born. Would I please send him the complete details?

Not much to go on. But I was able to give him the name of the hospital (long since burned to the ground) and the names of the heirs of the doctor who had treated him. For anything more, the patient is going to have to track down records that are at least forty-nine years old.

Frank H. Zahrt, M.D. Princeton, Mo.

#### An Rx for Drug Addicts

SIRS: There are more drug addicts in the United States today than in any other Western country. Could this be because the American addict is treated as a common criminal, not as an individual who's seriously ill?

We've finally come to recognize

the alcoholic as sick. Why do we hesitate to afford the same recognition to the drug addict? He clearly needs help, not a night in jail.

We physicians must lead the way in naming drug addiction as a disease. We must support moves to construct additional Federal narcotics hospitals. Most important, we must encourage the establishment of out-patient clinics where registered addicts may obtain drugs under medical supervision.

Helen Geduldig, M.D. New York, N.Y.

#### **Pediatrics Frustrating?**

SIRS: Not long ago you called pediatrics "Medicine's Most Frustrating Specialty." No such thing!

Not enough "professional recognition"? It doesn't bother me in the least that I'm a G.P. to the kids.

Not enough "interesting cases"? But my specialty board doesn't limit me to pediatric acid-base problems, or pediatric surgical diagnoses, or pediatric colic. It doesn't even define the age limit of pediatrics. I routinely take my youngsters into their mid-teens. With the older children, I find that being a good friend helps because so many of their problems have emotional overtones. So I have all the interesting cases I can handle.

Rosellen E. Cohnberg, M.D. Monett, Mo.

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AND MANUFACTURING COMPANY ... WHERE RESEARCH IS THE KEY TO TOMORROW

MEDICAL ECONOMICS · FEBRUARY 15, 1960 25

## When you want equanimity, don't settle for somnolence

Somnolence is no longer inseparable from equanimity. Levanil has relegated it, in this connection, to the status it has always deserved: that of a side effect.

Levanil is not a hypnotic, a muscle relaxant, or a hypotensive agent. It does not isolate or insulate the patient.

Its sole effect is to promote equanimity: a state of mind in which the patient is emotionally equal to the task of recognizing and accepting reality with intelligence and good grace.

Try it in those cases where your clinical objective is equanimity, but not somnolence.

## Levanil

Available:

300 mg, tablets in bottles of 50.

Adults, 1/2 to 1 tablet 3 or 4 times a day. Children, 1/2 tablet 3 or 4 times a day.

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The Upjohn Company Kalamazoo, Michigan

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# BECOTIN° WITH VITAMIN C supplies needed and easily depleted water-soluble vitamins

"Fever . . . increases vitamin requirements. This is especially true of the B complex and C vitamins. Liquid and soft diets, which are commonly prescribed early in disease, are inadequate in these vitamins."

These observations lead to the conclusion that any patient with a prolonged infection will enjoy faster, smoother convalescence when the diet is liberally supplemented with water-soluble vitamins.

Becotin with Vitamin C provides therapeutic amounts of the water-soluble B complex and ascorbic acid plus all the vitamins naturally occurring in desiccated liver and stomach tissue. Prescribe 1 to 3 Pulvules® daily according to the severity and length of illness; reduce dosage as patient improves.

Pollack, H., and Halpern, S. L.: Therapeutic Nutrition, Publication No. 234, p. 54. Washington,
 D. C.: National Academy of Sciences, National Research Council, 1952.

Becotin® with Vitamin C (vitamin B complex with vitamin C, Lilly)

LILLY VITAMINS . . . "THE PHYSICIAN'S LINE"

CYCLAMYCIN provides prompt, dependable therapy in many upper respiratory and bronchopulmonary infections. In recent clinical observations of 349 patients, pediatric as well as adult, 96.2 per cent responded favorably.

Highly stable, readily and reliably absorbed CYCLA-MYCIN is well tolerated—effective against most gram-positive pathogens, including many strains of staphylococci resistant to other antibiotics.

In capsule and flavored liquid form for ready acceptance by patients of all ages.

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## News

#### Judge Says Talkative M.D.s Push Up Court Awards

Doctors often resent huge court awards that lawyers win in personal injury cases. But the lawyer's not the only one responsible. According to a judge, the flowery testimony of expert medical witnesses has helped push court awards higher. That's the observation of Judge Ulysses S. Schwartz of the Cook County (Ill.) Appellate Division. Here's how he characterizes a certain type of medical witness:

"He generally is a persuasive, fluent, impressive witness, able to make the jury understand that what he is telling them is the product of years of educational preparation and medical experience . . .

"He will name his colleges and universities, his degrees, medical societies to which he belongs, the national specialty groups to which he has been admitted, the hospitals in which he has interned or externed, and the hospital staffs on which he has held positions.

"Having thus made his introduction, he will state his findings upon examination of the plaintiff and, by means of a long hypothetical question devised for that purpose, will relate the cause of the pathological condition to the accident and give his prognosis.

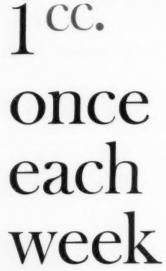
"That he is being paid by one side is skillfully lost in casual answers [and] by a ... shrug indicating that a charge [for his court-room appearance] is ... wholly inconsequent to the large proportions from which his great capacities emerge. Thus is set the basis for the jury's finding on damages."

Concludes the judge: "The fluency of the contemporary doctor is a matter of amazement [to the legal profession] and perhaps envy." But this fluency has "shattered the aerial limits of verdicts in personal injury cases and made hundreds of thousands grow where only thousands grew before."

#### Relocating? Don't Go by State Population Figures

Many a physician wonders whether he should relocate in a fast-growing community in which he'll be assured of an expanding practice. If he follows up the idea, is it enough to pick a town in an obviously expanding state or region? Not nec-

Continued on page 32



burns
debility
convalescence
surgery
senile osteoporosis
mammary carcinoma
decubitus ulcers
asthenia
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underweight

Durabo

new, long-acting anabolic stimulant

30 MEDICAL ECONOMICS · FEBRUARY 15, 1960

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Nandrolone



for

- + positive anabolic gains
- + marked sense of well-being
- + direct control of your patient
- + greater economy

One injection of Durabolin each week often induces a marked sense of well-being in the asthenic, undernourished, or "run-down" patient. Outlook and appetite improve. Sustained, positive nitrogen balance is established. Solid muscular tissue develops. Weight is gained without edema. The safest and most potent tissue-building agent, Durabolin is also the easiest to use and most economical. The physician injects it each week. There can be no unfilled prescription, no forgotten dose. Progress is observed directly. Adults: 25 mg. (1 cc.) i.m. weekly, or 50 mg. (2 cc.) every second week. Children: half adult dosage. Organon Inc., Orange, N. J.

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Nandrolone phenpropionate injection, ORGANON

## News

essarily, warns a University of Pennsylvania economist, Charles L. Leven.

It's generally true that people are moving from the Eastern and Great Plains states to places with better climates. But that doesn't mean a doctor who's found a pleasant town in California should pack up and go there. State or regional growth figures don't tell the whole story. Leven warns.

For instance, even California "has areas faced with shrinking numbers." New Jersey and Rhode Island have a greater percentage of fast-growing counties than Florida. And though Oklahoma's losing population, it has its boom towns.

What's a good guide for picking your spot? The growth of individual counties, according to Leven. "Both fast-growing and declining areas are to be found in almost any region," he says. On a county basis, "the variation in growth rates is far more dramatic than it is for states, ranging from a decline of 61 per cent to a gain of 331 per cent between 1940 and 1950."

#### **'Better Build Your Estate** Before Age 45'

Is age 50 early enough for a doctor to start building his estate? No, it's far too late, advises a well-known

professional management firm. In fact, "the young man in his thirties who fails to start saving and investing, on the theory that there is still 'plenty of time,' is operating under a grave delusion."

Why is this so? Because "a dollar saved today is worth considerably more than a dollar we may save twenty years in the future," reasons Professional Management Midwest.

For example, a 35-year-old doctor who wants to have \$1,000 at age 65 might well be able to get it simply by investing \$231 now. Ten years from now, that doctor investing at the same rates of return would have to put down \$377. Another ten years, and his investment would have to be \$614.

This explains why the doctor who "has not accumulated a reasonable amount of capital by age 45 . . . is unlikely to ever do so . . . The odds are strongly against his gaining sufficient momentum to make up for lost time." Asks the management firm:

"Can any man say that he is financially successful-whatever his ncome from his profession-when he has little or no income to report on page 3 of his Federal income tax return?" A doctor "who lulls himself into believing that he will start his program after his home is luxuriously furnished, after his

Continued on page 38

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when creepers become toddlers it's time to change them to

## Vi-Sol

chewable tablets or teaspoon vitamins

Vi-Sol chewable tablets and teaspoon vitamins, specifically formulated for the child over two, are the logical continuation of vitamin supplementation at the end of the "baby" period.

They'll know a good thing when you prescribe...

DECA-VI-SOL,® 10 significant vitamins,

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Chewable tablets with fruit-like flavors, dissolve easily in the mouth...

no swallowing problem...

no vitamin aftertaste or odor...

promote dental caries.

Teaspoon vitamins, delicious, orange flavored, that children take readily.



no carbohydrates which tend to



another patient with hypertension?



indicated in all degrees of hypertension

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# HYDROPRES

HYDRODIURIL with RESERPINE

#### HYDROPRES can be used:

- ▶ alone
  - (In most patients, HYDROPRES is the only antihypertensive medication needed.)
- as basic therapy, adding other drugs if necessary (Should other antihypertensive agents need to be added, they can be given in much lower than usual dosage so that their side effects are often strikingly reduced.)
- as replacement therapy, in patients now treated with other drugs (In patients treated with rauwolfia or its derivatives, HYDROPRES can produce a greater antihypertensive effect. Moreover, HYDROPRES is less likely to cause side effects characteristic of rauwolfia, since the required dosage of reserpine is usually less when given in combination with HydroDIURIL than when given alone.)

### HYDROPRES-25

### **HYDROPRES-50**

25 mg. HydroDiURIL, 0.125 mg. reserpine. One tablet one to four times a day. 50 mg. HydroDIURIL, 0.125 mg. reserpine One tablet one or two times a day,

If the patient is receiving ganglion blocking drugs or hydralazine, their dosage must be cut in half when HYDROPRES is added

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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SHYDROPHES AND HYDRODIURIL ARE THADEMARKS OF MERCE & CO., INC.



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FOR THE VICTIM OF OVEREATING AND "UNDERDOING"





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Employing 'Strasionic' release, Biphetamine's appetite appeasing, mildly invigorating action is uniformly prolonged for 10 to 14 hours with a single capsule dose. Caloric Intake is reduced, energy output is increased. Weight loss is predictable-a comfortable 1-3 lbs. a week in 9 out of 10 cases.



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Single Capsule Daily Dose 10 to 14 hours before retiring

fix Only. Cautien: Federal law prehibits dispensing without prescription.

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## News

children are educated, after he has traveled to Europe, and many other afters is in for a rude awakening."

### Helping Hospital Get Good Press Is Called Unethical

When well-intentioned physicians lend their names to articles in lay publications merely to keep the name of a hospital before the public, they're overstepping ethical boundaries. "This is advertising," says one medical society of recent hospital publicity drummed up by "over-eager public relations men."

Such publicity is out of bounds for doctors, warns the board of censors of the Philadelphia County Medical Society, because "a physician may not do as part of a group anything that he could not ethically do as an individual."

By this reasoning, when a physician lends his name for use in printed articles at a hospital's request, he's in effect doing two things: (1) He's advertising for the hospital-and hospitals are free to go in for ethical advertising. (2) He's also putting his own name forward-which oversteps ethical bounds, according to the board.

"[We] believe it is unethical for physicians to be a part of any advertising program wherein capital

is made of their professional standing or whereby they may directly or indirectly seek personal publicity," the board says.

What brought on this reappraisal of ethics? Too many physicians in the area were lending their names for such articles, says Dr. Francis F. Borzell, a former board member who helped investigate the situation. He adds:

"Increasing cost of hospital care has driven some institutions to seek any means possible to cope with rising expenses. Over-eager public relations men at hospitals have . . . been asking doctors" to help them get free publicity of the type now frowned on.

### Why Lay Juries Decide Questions M.D.s Can't

Many doctors have wondered how disputed medical questions in malpractice suits can be decided by a jury of laymen. Now comes an explanation from a well-known plaintiff's lawyer: "If . . . medical science does not know . . . then the lay jury has to know. Someone must decide."

Laymen get into the act only when "the doctors declare they do not know," explains Lawyer Hugh G. Head Jr. of Atlanta. "That is what the medical profession is confessing when two teams of doctors go into court on opposite sides . . .

"You see, the judge on the bench

predictable weight loss

# FOR THE VICTIM OF OVEREATING



# NEW TAN TAN TAN A STRASIONIC ANORETIC PHENYL-TERZ-BUTYLAMINE RESIN

Employing 'Strasionic' release, lonamin's appetite appeasing action is uniformly prolonged for 10 to 14 hours with a single capsule dose. Caloric intake is reduced to a level consistent with the energy output of an "active" overeater. Weight loss is predictable—a comfortable .221 pounds per day in average cases.

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Rx Only. Castion: Federal law prohib IONAMIN"

Each yellow capsule contains: phonyl-tagt,-butylamina ... 30 mg. IONAMIN"

ash gray and yellow capsule certains phanyl-lest-butylamine . . 15 mg.

Single Capsule Daily Dose 10 to 14 hours before retiring

Jenamin-made and marketed ONLY by STRASENBURCH SOCIETIES, N.Y. U.S.A.

Originators of 'Strasionis' (sustained ionis) Release

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## News-

will not let the lay jury have the case if the medical profession can agree," the lawyer adds. In such a situation, "the court will direct a verdict." Attorney Head notes that the only exception to this rule is where "res ipsa loquitur [the thing speaks for itself] is allowed to take the case to the jury."

Concludes Lawyer Head, a former president of the Georgia chapter of the National Association of Claimants' Compensation Attorneys: It's only when doctors "divide so as to produce juridical schizophrenia . . . that we laymen rush in where [doctors] fear to tread."

#### Two New Power Sources Interest Investors

Doctors who like to keep a keen eye on long-range investment possibilities have spotted two significant new developments in the power field. The first is a product that its pioneers say may one day replace the internal combustion engine. The second is a new kind of generator. Here's a preview of each:

1. The fuel cell is a kind of oversize battery. A number of laboratories in the U.S. and abroad are trying to develop a model that will do the work of an internal combustion engine, but more cheaply and compactly. One British model -the Hydrox-operates by combining hydrogen and oxygen to produce electrical energy.

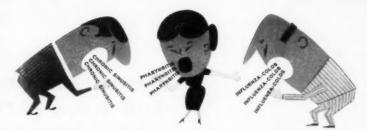
Already a unit of forty Hydrox cells is hard at work driving a forklift truck. In time a bigger unit may be able to power a car. What's needed to make the Hydrox marketable is to straighten out certain engineering kinks. This may take two or three years, experts say.

2. Magnetohydrodynamic generators make electricity by running superheated gases through a magnetic field. Some day MHD generators may replace conventional ones in power plants. Meanwhile, a pilot model is producing enough power to drive a 15-horsepower engine at the Avco-Everett Research Laboratory in Everett, Mass.

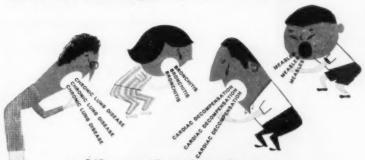
This pilot model recently so impressed ten utilities companies that they agreed to chip in most of \$350,000 for a research project to investigate MHD. A spokesman for one of the utilities called the project "one of the most exciting possibilities in the history of the electric power industry."

Why? Because an MHD generator might be as much as 25 per cent more efficient than conventional models. The only problem is to find metals that can stand long

Continued on page 44



Check cough 8-12 hours



with a single dose



A 'Strasionic' Antitussive . Dihydrocodeinone Resin-Phenyltoloxamine Resin

STRASIONIG RELEASE" MAKESTHE BIG DIFFERENCE

- Permits Natural Discharge of Mucus
- Predictable Antitussive Action
- Minimum Amount of Narcotic

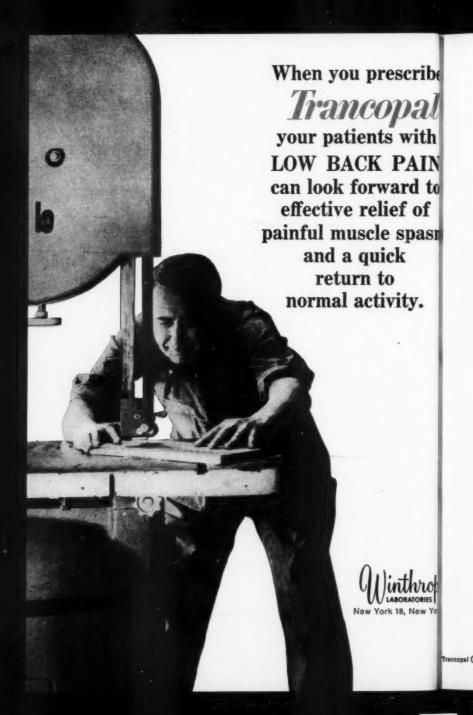
TWO FORMS: Tussionex Thixaire\*\* Suspension . Tussionex Tablets

Each teaspoonful (Sc.c.) or tablet provides 5 mg, dihydro-coderinne and 10 mg, phenyltoloxamine as resin com-plexes. 4 teaspoonful q12h; 1-5 years, ½ teaspoonful q12h;

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Impressive numbers of patients with low back pain and other musculospastic conditions, treated with Trancopal, have been freed of symptoms and enabled to return to their usual activities, according to newly published clinical reports.

In a recent study by Lichtman, <sup>1</sup> Trancopal brought excellent to satisfactory muscle relaxation to 817 of 879 patients. The patients in this group suffered from skeletal muscle spasm associated with low back pain (361 cases), stiff neck (128 cases), bursitis (177 cases) and other skeletal muscle disorders (213 cases). Side effects were rare (2 per cent of patients), and it was not necessary to discontinue medication in any of the patients. Mullin and Epifano<sup>2</sup> found that Trancopal brought good to excellent relief to all of 39 patients with skeletal muscle spasm. (No side effects were noted except slight dryness of the mouth in 1 patient.) This pattern is similar in every new series reported: Ganz, <sup>3</sup> DeNyse, <sup>4</sup> Shanaphy, <sup>5</sup> and Stough. <sup>6</sup>

Trancopal for dysmenorrhea and tension — Trancopal not only is valuable in treating patients with low back pain and other musculoskeletal disorders, but is also very effective in bringing relief from menstrual cramps and discomfort and in treating patients in anxiety and tension states.

Indications: Musculoskeletal disorders: low back pain (lumbago) / neck pain (torticollis) / bursitis / rheumatoid arthritis / osteoarthritis / disc syndrome / fibrositis / ankle sprain and tennis elbow / myositis / postoperative muscle spasm. Disorders with psychogenic components: anxiety and tension states / dysmenorrhea / premenstrual tension / asthma / angina pectoris / alcoholism. Dosage: Adults, 100 or 200 mg. orally three or four times daily. Relief of symptoms occurs in from fifteen to thirty minutes and lasts from four to six hours. Now available in two strengths: Trancopal Caplets®, 100 mg. (peach colored, scored), bottles of 100. New Strength—Trancopal Caplets, 200 mg. (green colored, scored), bottles of 100.

References: 1. Lichtman, A. L.: Scientific Exhibit, meeting of the International College of Surgeons, Miami Beach, Fla., Jan. 4-7, 1959. 2. Mullin, W. G., and Epifano, Leonard: Am. Pract. & Digest Treat. 19:1743, Oct., 1959. 3. Ganz, S. E.: J. Indiano M. A. 52:1134, July, 1959. 4. DeNyae, D. L.: M. Times 87:1512, Nov., 1959. 5. Shanaphy, J. F.: Current Therap. Res. 1:59, Oct., 1959. 6. Stough, A. R.: J. Oklakome M. A. 52:155, Sept., 1959.

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Trancepal (brand of chlormezanone) and Caplets, trademarks reg. U.S. Pat. Off. 1430M Professional model used for photograph.

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## News.

exposure to 4,000-degree-Fahrenheit temperatures. Scientists say that will probably take from ten to thirty years. But after the MHD project was announced, it took only one day for Avco stock to become the second most actively traded stock on the New York Stock Exchange for that day.

### Hospital Helps Doctors Treat Stroke Patients at Home

Many a patient with a long-term illness has waited months for a vacant hospital bed. Instead of waiting, why shouldn't such patients be given hospital-aided care at home?

By way of answer, Brooklyn's Jewish Chronic Disease Hospital has just started a five-year experimental study. The aim: to find out how feasible it is to give stroke patients—and, potientially, other patients—home treatment.

A \$330,000 grant from the National Institutes of Health will help finance the study. Here's the plan:

Before treatment begins, the hospital brings the patient in for a oneweek diagnostic check-up. The type of treatment is determined, and the patient goes home. Then a team from the hospital visits the patient and administers necessary treatment.

"We think of the local doctor as

the captain of the team," says Dr. Donald V. Cooney, who heads the pre-hospitalization program. "The local physician will provide any medical or surgical assistance that's needed, while the hospital will supply the home care of the patient."

When completed, results of the study will be passed on to other hospitals. "We hope hospitals throughout the country with limited facilities for long-term patients will be encouraged to undertake similar programs," adds Arthur Feigenbaum, the hospital's executive director.

### Elderly Patients Keep Appointments Best

More than half the patients who regularly go to a clinic for medical treatment break an appointment sometime in the course of a year. It's not just a small "problem" group that disrupts the clinic schedule. That's what a doctor and a researcher have discovered about some clinic patients they've been studying at the New York Hospital-Cornell Medical Center.

Dr. George G. Reader and Margaret C. Olencki have found that about one appointment in every four to six is broken. When a patient misses three or more dates a year, chances are fifty-fifty that he's going to break off treatment for good.

"The older the patient, the more

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a steady vitamin stream all day long

NEW PRODUCT



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'Fortespan' does not release a flood of vitamins that is quickly dissipated by destruction and excretion. Instead, your patient receives a steady stream of vitamins all day long after one 'Fortespan' capsule in the morning. This new method of presenting therapeutic multivitamins is designed to provide more efficient utilization and less vitamin waste by slowly releasing a continuous supply of the water-soluble vitamins over a prolonged period. Each capsule contains the following water-soluble vitamins in sustained release form: thiamine mononitrate (B<sub>1</sub>), 6 mg.: riboflavin (B<sub>2</sub> as the phosphate), 6 mg.: pyridoxine HCI (B<sub>6</sub>), 6 mg.; Vitamin B<sub>12</sub>, 6 mcg.; nicotinamide, 60 mg.; pantothenic acid (as dl-panthenol), 6 mg.; and ascorbic acid (C), 150 mg, 'Fortespan' also contains these fat-soluble vitamins (which are readily absorbed and stored from one large dose and, therefore, are not in sustained release form): Vitamin A. 15,000 U.S.P. Units; and Vitamin D, 1,000 U.S.P. Units. Smith Kline & French Laboratories, Philadelphia.

Fortesp

brand of high potency multivitamins-therapeutic formula-in Spansule a sustained release capsules



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## News

likely he or she is to keep the appointment," the investigators report. Money doesn't seem to be a big factor. The "old, poor, and foreign born" are the most faithful. They tend "to incur and pay larger sums." It's the younger people in the "intermediate economic group" who apparently break the most appointments.

Does a patient keep appointments better when he's to see a doctor he knows? Apparently not. The survey shows that patients who saw many doctors seemed to keep their appointments as well as those who saw only one or two.

### Town Fights to Keep Its Austrian M.D.

Medical men and laymen alike lament the difficulty of finding doctors who'll settle in a small town. Now a physician who wants to do so finds he may be forced instead to return to his native Austria, where, he notes, "there are definitely too many doctors."

It'll probably take an act of Congress to prevent his having to leave the United States. But the 900 residents of Glidden, Wis., and 3,000 others in four near-by villages have organized an all-out campaign to keep their new doctor, Joseph Enzinger.

So far, they've enlisted the aid of their Congressman, Alvin E. O'Konski, in (1) getting monthby-month extensions of Dr. Enzinger's visa, and (2) introducing a bill in Congress that would give him permission to stay in this country and apply for citizenship.

Meanwhile, the Wisconsin State Board of Medical Examiners is cooperating by letting Dr. Enzinger take his licensing exam now. Then, if the Congressional bill passes, there'll be no delay in his becoming a licensed physician.

Here's how the problem developed:

Dr. Enzinger, now 38, was trained at the University of Vienna. In 1955 he came to the United States under a student visa to do clinical research. Since then he has had training at hospitals in New York City and Troy, N.Y. He got special Government clearance to study the use of isotopes in medicine. In addition, he has published half a dozen research papers in this country.

Somewhere along the line Dr. Enzinger decided that "fulfillment for a doctor" is to be in an area where he's really needed. So last August he accepted an invitation to become student assistant to a doctor in the North Woods area of Wisconsin's Ashland County.

Of this sparsely populated, eco-Continued on page 50 the

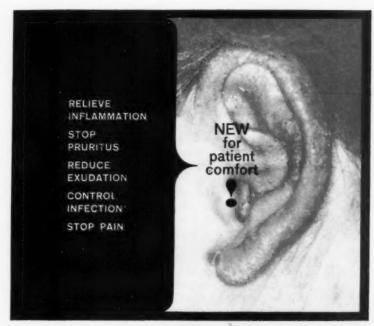
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A buffered solution with pH adjusted to conform to the slightly acid condition of the normal skin in the external ear canal.

Does not obscure anatomic landmarks during Otoscopy.

Virtually nonsensitizing and nonirritating.

Sterile ear solution . . . with a cellophane wrapped sterile dropper.

Each cc. of OTOBIONE contains:

anti-inflammatory Prednisolone acetate, 5 mg., anti-bacterial Neomycin (from sulfate) 3.5 mg., and anti-fungal Sodium propionate 50 mg. Supplied: In 5 cc. bottles.



WHITE LABORATORIES INC. KENILWORTH, NEW JERSEY

# OTOBIONE

in ear infections and seasonal ear complaints



are the answer

when your allergic patient is suffering with the old familiar signs: rhinorrhea, sneezing, lacrimation and irritated, inflamed and congested mucous membranes of the respiratory tract. When you prescrib
POLARAMINE REPETABS (6
any form of POLARAMINE), you can co
trol the discomfort of seasonal and no
seasonal allergies, allergic complication
of respiratory illnesses, allergic derm



toses, and drug and serum reactions. POLARAMINE is the *anti-*histaminic which controls allergic reactions by effectively antagonizing the effects of histamine at therapeutic doses lower than those necessary with other available antihistamines.

Histamine is present in those body areas exposed to contact with the external environment: the skin, the upper gastrointestinal tract and the respiratory tree. For this very reason, if your patient develops a cold or illness with allergic complications, his symptoms are particularly troublesome. When an antigen provokes an antibody response, histamine is released, and the familiar symptoms of allergy follow. However, POLARAMINE can effectively control allergic symptoms.

POLARAMINE REPETABS (4 mg. and 6 mg. dosage forms for your patients' convenience) and POLARAMINE Tablets (2 mg.) are of unrivaled effectiveness and safety at doses lower than other antihistamines. Summarizing treatment of a recent group of 100 allergic patients, Babcock and Packard state that POLARAMINE REPETABS were "especially effective in patients who presented sudden, acute allergy symptoms." Remember, too, that POLARAMINE Syrup (yes, it tastes good!) is very helpful in dealing with the young allergic patient or those preferring liquid medication.

Dosage: Repetables, 6 mg. and 4 mg.—One Repetablin the morning and one Repetablin the evening. Tablets, 2 mg.—one t.i.d. or q.i.d.; children under 12, one-half tablet t.i.d. or q.i.d.; infants, one-quarter tablet t.i.d. or q.i.d. Syrup, 2 mg. per 5 cc.—Adults, one teaspoonful t.i.d. or q.i.d.; children under 12, one-half teaspoonful t.i.d. or q.i.d.; infants, one-quarter teaspoonful t.i.d. or q.i.d.

Supply: POLARAMINE REPETABS, 6 mg., bottles of 100 and 1000; 4 mg., bottles of 100 and 1000. Tablets, 2 mg., bottles of 100 and 1000. Syrup, 2 mg. per 5 cc., 16 oz. bottles.

1. Babcock, G., Jr., and Packard, L. A.: Clin. Med. 6:985 (June) 1959.

SCHERING CORPORATION

POLARAMINE® Maleate, brand of deschlorphonizamine maleate. REPETABO,® Repeat Action Tableto.

EN1400-

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## News

nomically depressed region, Dr. Enzinger says: "I am the only one who is available to cover it. Sick people are lost in the country, and if you can't get to them, they go without a doctor."

By taking on this job, Dr. Enzinger lost his foreign-student visa. Without Congressional action, his hopes of staying are slim. If he went home now and waited to return as an immigrant, it would take two years or more.

#### Doctors Put an End to 'Sundown Practice'

Private practitioners in the suburbs of the nation's capital have won a battle against "sundown practice" by salaried Government doctors.

"Sundowners" was the private practitioners' name for U.S. Government medical men who were seeing private patients during evening hours. This set-up was challenged by doctors in two Maryland counties, and the state medical society named a committee to investigate.

According to the committee, headed by Dr. Lewis P. Gundry of Baltimore, the Government doctors hadn't told patients that they had no privileges in non-Governmental hospitals. Nor had they mentioned that they weren't avail-

able for emergencies before sundown. Nor had they enlisted private practitioners to cover for them during the day.

One reported victim was an expectant mother who went to a Government doctor after sundown -then was left without either doctor or hospital when her baby arrived at 11 o'clock the following morning.

The medical society's committee reported these and other "irresponsible" practices to Government agencies that they thought might have "sundowners" on the payroll: the National Institutes of Health, Fort George G. Meade Army Hospital, the National Naval Medical Center, and Walter Reed Army Hospital. Replied the four institutions variously: (1) Their medical men weren't practicing during offduty hours, or (2) in the future they wouldn't be allowed to.

After a year and a half of watching the situation, Dr. Gundry's committee recently disbanded. Its final report: "Sundown practice" has been snuffed out.

### **Bowling Breaks Up Cliques, Doctors and Druggists Find**

Druggists can do a doctor that they're friendly with many favors -by referring patients, or by discounting drugs for use of the physician's family, for example. Now the doctors of one community have

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m

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### off to a good day-constipation relieved

Constipation yields readily to the gentle laxative action of pleasant-tasting Agoral. Taken at bedtime, Agoral works overnight, without disturbing sleep, to promote natural bowel function and a normal movement next morning. Without harsh catharsis, griping or urgency, Agoral conveniently helps meet nature's need before the day's activity begins.

agoral



AG-MS 01

the gentle laxative

### News-

found a way to get friendly with the druggists. They go bowling with them every Thursday night.

Doctors of Pueblo, Colo., have been doing this for over a year, since Dr. William H. Miller organized the Double D (doctors and druggists) Bowling League. Now some forty doctors-more than a third of the county society's membership-play on such league teams as the Tranquilizers and the Medicos. They roll against twentysix druggists and drug salesmen.

Besides helping doctor-druggist relations, notes Dr. Miller, "The bowling league helps get rid of cliques in the medical society. It has done a lot to create a more friendly atmosphere among doctors themselves."

#### Supreme Court Will Get **Birth-Control Case**

The nation's highest court soon may decide whether a state can fine and jail a doctor who advises a patient to use a contraceptive. These penalties have threatened physicians in Connecticut since 1879. Also guilty are the patient who uses the device and the nurse who teaches the patient how.

Now for the third time the state's Supreme Court of Errors has upheld these limitations on physicians. So Dr. C. Lee Buxton of the Yale medical school plans to challenge two anti-birth-control laws in the U.S. Supreme Court.

Dr. Buxton joined with two married couples and a married woman to challenge the constitutionality of the two laws in the state court. Their arguments centered on the Fourteenth Amendment, which forbids states to "deprive any person of life, liberty, or property without due process of law."

The laws restrict Dr. Buxton's liberty to practice medicine to the best of his judgment, he says. His three woman patients contend that the ban on birth-control advice unreasonably threatens their lives and liberty.

One of the women has lost four babies shortly after their birth. Another patient has had a series of malformed embryos. The third patient is described as being too sick to survive a pregnancy.

In upholding the state law, the five-member Connecticut court took this stand: "Courts cannot write legislation by judicial decree. This is particularly so when the Legislature has refused to rewrite the existing legislation."

Once before, an attempt was made to test the state statutes in the U.S. Supreme Court. Dr. Wilder Tileston, also a member of the

Continued on page 56

# **Butazolidin**°

brand of phenylbutazone

Ten years of experience in countless cases—more than 1700 published reports—have now established the leadership of Butazolidin among the potent non-hormonal antiarthritic agents.

Repeatedly it has been demonstrated that Butazolidin: Within 24 to 72 hours produces striking relief of pain. Within 5 to 10 days affords a marked improvement in mobility and a significant subsidence of inflammation with reduction of swelling and absorption of effusion.

Even when administered over months or years Butazolidin does not provoke tolerance nor produce signs of hormonal imbalance.

Butazolidin® (brand of phenylbutazone): Red-coated tablets of 100 mg. Butazolidin® Alka: Capsules containing Butazolidin® 100 mg.; dried aluminum hydroxide gel 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

Geigy, Ardsley, New York



# in arthritis and allied disorders





Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Doses given to control late evening snacks will not interfere with sleep.

Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week (see chart)

Safe — Tenuate can be used even in overweight cardiacs or hypertensives.

EKG studies substantiate Tenuate's

lack of appreciable CNS stimulation. No effect on heart rate, blood pressure, pulse or respiration is demonstrable. Thus Tenuate is particularly well suited for hypertensive and cardiac patients — those whose weight must come down.

**PROOF OF WEIGHT LOSS**<sup>3-4</sup> In a series of 102 patients, the following weight losses were obtained:

Lbs./Week	Nu	ımber (	% Patient			
0.1-0.9		23		22.54		
1.0-1.9			51	50.00		
2.0-2.9		25		24.52		
3.0-4.0	3		2.94			
		102 P/	100%			

Indicude as whyp Dos before ger,



Indications: The overweight patient, including adolescent, geriatric and gravid, as well as special risk situations—cardiac, hypertensive, diabetic.

Dosage: One 25 mg. tablet one hour before meals. To control nighttime hunger, an additional tablet taken in midevening will not induce insomnia.

References: 1, Huels, G.: Mich. Acad. Gen. Frac. Symposium, Detroit, 1959. 2, Horwitz, S.: personal communication, 3, Spielman, A. D. Mich. Acad. Gen. Frac. Symposium, Detroit, 1959. 4, Havets, E.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 6, Decina, L. J.: Exper. Med. & Surg. in press. 6, Scanlan, J. S.: in press. 7, Kroats and Storck: personal communication. 8, Alfaro, R. D.; Gracamin, V., and Schicuter, Et to be published.



THE WM. S. MERRELL COMPANY New York • Cincinnati • St. Thomas, Ontario thwarts refrigerator raiders



TENUATE Especially for late evening snackers. Controls hunger without producing sleeplessness.

### News.

Yale faculty, challenged the laws in 1942. When he later appealed to the Supreme Court, the constitutional issue was never decided. The Court merely ruled that technically the patients, not the doctor, should have been the plaintiffs.

This time both a physician and his patients are plaintiffs, points out Attorney Catherine G. Roraback, who is handling their case.

Though Connecticut is the only state that prohibits physicians from giving birth-control advice, Massachusetts forbids the sale of contraceptives. Other states have regulations on the dissemination of information about and advertising of contraceptives.

# If Your Aide Shows Up With Just One Earring . . .

If an aide arrives for work wearing just one earring, the doctor may expect that shortly she'll deliver a sales pitch for some product. In that case, she has fallen victim to the admen's latest gimmick.

It works this way: One earring is sent to a girl along with a message about the adman's product. She's then supposed to use her womanly wiles to get her boss to read the message. If she succeeds, she can notify the adman and claim the other earring.

Recently this earring gimmick was shown in action. An executive of a nationally known firm was selling timers that automatically turn TV sets on and off. He wanted seventy TV-set manufacturers to read a report on the timers. So he sent out seventy earrings, one with each report.

Apparently the jewelry persuaded seventy secretaries to cooperate, for all seventy girls claimed their matching earrings. One secretary even proved that her boss had read the report by sending in a notarized statement.

### Dentists Get Their Own Open-Staff Hospital

Dentists have often looked with envy toward physicians who enjoy open-staff hospital privileges. But times are changing. What its backers call "the world's first open-staff, exclusively dental hospital" has opened in California. It's considered a pilot project for other dental hospitals across the nation.

Any dentist who's a member of the Los Angeles County Dental Association can get open-staff privileges at the new \$1,750,000 Southern California Dental Hospital in Los Angeles. Then his patients can have round-the-clock hospital care, including the services of pathologists and anesthesiologists.

The head of the hospital's sevenman anesthesiology staff, Dr. Wil-

# In Coronary Insufficiency...

Your high-strung angina patient often expends a "100-yd. dash" worth of cardiac reserve through needless excitement.





Curbs emotion as it boosts coronary blood supply

CONTROL OF EMOTIONAL EXERTION with Miltrate leaves him more freedom for physical activity.

IMPROVED CORONARY BLOOD SUPPLY with Miltrate increases his exercise tolerance.

# Miltrate

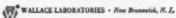
Miltown® (meprobamate) + PETN

Each tablet contains: 200 mg. Miltown and 10 mg. pentaerythritol tetranitrate.

Supplied: Bottles of 50 tablets.

Linux decrees 1 or 2 tablets of id before mostle.

Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime. Dosage should be individualized.





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MEDICAL ECONOMICS - PEBRUARY 15, 1960 57

## News =

liam N. Scott of Long Beach, Calif., says the facilities enable dentists to offer better quality dental work at a reduced cost. Adds a hospital official: "We're set up to help satisfy the present and growing demand for operative dentistry under general anesthesia."

Built by a general stock corporation, the hospital got off to a slow start. It had twelve patients its first month and thirty-five its third month. If it can attract enough of the county's 2,800 dentists—it has 400 now—it can avoid expanding its services to include ear, nose, and throat patients.

### City Universities Give Lowest-Cost Education

Physicians who live in big cities have available, if they want it, the lowest-cost college education for their children: municipal universities. At the typical school of this type, expenses run about \$1,000 a year. At other types of colleges, costs are more than twice that. A McGraw-Hill survey shows:

Tuition and fees at city-operated universities come to about \$500 on the average, roughly half that charged by many private institutions. Books, clothing, lunch, and commuting money add another \$500 in expenses.

¶ To send a student away to a private liberal arts college costs an average of at least \$2,260 a year—\$1,000 for tuition; another \$400 for books, clothes, and supplies, and at least \$860 for room, board, and travel.

There is some middle ground, though, between these extremes. The big-city student who lives at home and goes to a private university can do it for about \$1,500 a year. Or he can attend a state college in a smaller city for the same amount.

#### M.D.s Draw Doctor Bills Under State Medicine

State medicine may be providing "free" medical care for British patients. But it's leading to new medical expenses for the nation's doctors. They've been advised—by a letter in the British Medical Journal—to take out private health insurance against other doctors' fees.

In the old days, it was a matter of course for British specialists to waive fees when treating their G.P.-colleagues. In exchange, the G.P.s referred patients to the specialists. But nowadays most specialists work for a salary. So they don't need referrals. In fact—since referrals mean more work—doctors may even frown on them.

As a result, according to Dr. Stanley W. Wright in the British Medical Journal, "it is hardly sur-

### quiets the cough and calms the patient

Expectorant Antihistaminic

Sedative Topical anesthetic

### ERGA

**EXPECTORANT** 

Promethazine Expectorant, Wyeth with Codeine Plain (without Codeine) Philadelphia 1, Pa.

### **NEW NON-NARCOTIC FORMULA**



### News

prising that some [specialists] now charge fees for their services [to their colleagues]."

Couldn't doctors qualify for free medical care as patients under the National Health Service? Yes, but most of them prefer not to. Apparently they feel it's a mattter of prestige for a doctor and his family not to use the N.H.S. So Dr. Wright advises:

"Surely one sensible answer to this problem is for every doctor ... to take out an insurance policy against illness on behalf of himself and family."

#### Reports to Third Parties Called III-Will Builders

The third party in medicine is not only taking away from the patient the responsibility for paying his doctor; it's also taking away any private relationship between the two.

This observation by Dr. Henry A. Davidson, editor of the New Jersey Medical Society's Journal, was prompted by a recent directive from the U.S. Department of Health, Education, and Welfare. It reminds doctors that any report they submit on the disability of a claimant under Social Security or disability insurance isn't necessarily confidential.

Such reports can be shuttled through a whole series of governmental "In" baskets. Additionally, the patient himself can demand the right to see the report if his claim is turned down and he wants to fight this denial.

Comments Dr. Davidson: "This is merely one more aspect of third party coverage . . . If [outside] agencies pay the bill, they want to know the diagnosis . . . This puts the doctor on the horns of a dilemma. If he refuses to issue a statement, his patient may be denied any benefit. If he issues a truthful statement which the patient can look at, this may cause ill will between doctor and patient."

All this can lead to "a kind of medical double talk. You cannot brand the patient a malingerer . . . So you say, instead, that you are unable to find any medical evidence to account for the symptoms. It is possible to designate alcoholism under a euphemism, and even venereal diseases can be described in long medical terms . . ."

But, he adds, "to collect your bill, you fill a form," which is read by "a bevy of clerks" before it gets to the medical official who O.K.s it.

"Once there was built a dike of confidentiality between doctor and patient," notes Dr. Davidson. Now "the dike is crumbling; there is no escape from the fact that he who pays the piper calls the tune." END to

FR

"Appetite's improved and he's feeling mighty frisky!"



During convalescence, "Troph-Iron' not only gives a healthy boost to appetite, but also restores depleted reserves of Vitamin  $B_{12}$ , Vitamin  $B_1$  and iron.

The dosage? One tasty, cherry-flavored teaspoonful (5 cc.) daily—or as directed by the physician.

SMITH KLINE & FRENCH TROPH-IRON® Liquid

Bis-Iron-Bi

Also available: "Troph-Iron' Tablets.



reduces postnasal drainage — lessens pharyngeal irritation depresses the cough reflex — eases expulsion of mucus

\*The addition of the decongestant to the antitussive provides more complete cough control than regular "cough syrups". The central antitussive action of Dormethan' and the expectorant action of ammonium chloride are complemented by the decongestant action of Triaminic.\*\*\*\* which reduces swelling and controls irritating postnasal drip, a common cough stimulus.

Each isp. (3	ml.) of	fru	11-1	la	vo	re	ď,	R	01	18-	al	co	h	ol	ic	1	r į	81	A	M	u.	N.	IC	0	L	pi	rov	ides
Triaminic ®																											.25	mg
(phenylprop	panolam	ine	H	CI																					.1	2.5	n	ıg.
pheniramin	ne male:	ite																					. ,		.6	.25	22	ıg.
pyrilamine	maleate																								.6	.25	12	(g.)
Dormethan																											.15	mg
(brand of	dextrom	eth	or	ph	ar	1.1	H	91	)																			-
Ammonium	chloride																										90	me

Dosage (to be administered every 3 or 4 hours): Adults-2 tsp.; Children 6 to 12-1 tsp.; 1 to 6 -42 tsp.; under 1-14 tsp. One dose at bedtime is usually sufficient to control the cough cycle initiated by postural drainage of paranasal sinuses.

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References: 1. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 557 2. Lhotka, F. M.: Illinois M. J. 12:259 (Dec.) 1957. 3. Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958. 4. Farmer, D. F.: Clin. Med. 5:1133 (Sept.) 1958.

# Triaminicol

the decontussive cough syrup

SMITH-DORSEY · a division of The Wander Company · Lincoln, Nebraska

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# ZENITH WORLD'S FIRST HIGH FIDELITY HEARING AID

### 98% WIDER FREQUENCY RANGE...hear sounds never heard before with a hearing aid!

Zenith announces a major breakthrough in scientific progress-a hearing aid so much more beneficial to the hard of hearing that it defies comparison. By actual test among people who wear hearing aids, this new "Extended Range" model improves the hearing of 9 out of 10 wearers tested. It excels in these major advantages:

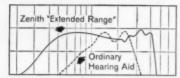
**BROAD RESPONSE RANGE-98%** greater range of sounds reproduced and amplified brings in sounds never before experienced through present conventional transistor hearing aids.

	Range of Cycl						
Moderate Gain Hearing Aid	2200 cps						
Previous High Gain	2800 cps						
New Zenith "Extended Range"	4370 cps						

Hear More Sounds-Distinguish Sound Better - You hear more sounds - and you hear them more accurately. Zenith's new "Extended Range" faithfully amplifies "unvoiced consonants" such as th, f, sh, h, most important for understanding speech.

These are the whispered sounds you miss with many hearing aids. It also reproduces the "overtones or harmonics" which enable you to better distinguish between different voices and sounds.

FLAT RESPONSE-NO "PEAKS"-Sounds reproduced in "peaks" are amplified more than other sounds coming to you, causing distortion in what you hear. Annoying clothing noise and restaurant clatter within these "peaks" are then over-amplified causing hearing discomfort and lack of clarity.



Far Less Distortion and Background Noise. The Zenith "Extended Range" virtually eliminates these noisy sound "peaks." Puts background sounds in proper balance with the sounds you want to hear.

Answers "Recruitment Problem." If "recruitment" (the inability to stand loud noises) bothers you, then the "Extended Range" can be your answer. All sounds are far more normal, more perfectly balanced. Nearest approach to normal hearing yet achieved.



-- Write for the complete story today! ----Hearing Aid Division, Zenith Radio Corporation Dept. 390C, 6501 W. Grand Avenue, Chicago 35, Illinois

Please send me the whole exciting story about the new Zenith "Extended Range" Hearing Aid.

NAME		
AUDRESS		
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IN CHRONIC BRONCHITIS, ASTHMA AND EMPHYSEMA

# CHOLEDYL

brand of extriphylline

betters breathing, forestalls the crisis

Choledyl, the choline salt of theophylline, improves pulmonary function, betters breathing, forestalls the crisis, is basic in any prophylactic regimen. A pure bronchodilator, Choledyl is free of sedative and sympathomimetic effects... Choledyl produces up to 75% higher theophylline blood levels than does oral aminophylline ...does not cause gastric irritation or drug fastness...is ideal for long-term use. Usual adult dose: 200 mg. q.i.d.

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faster healing at any location

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thrombophiobitis / cellulitis / asthma / brenchitis / sinusitis / bruises / bematomas / sprains / tracturez / burns / pelvic

inflammatory disease / biopsies / surgical and obstatrical trauma / inflammatory eye end skin conditions / ulcerations /

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controls

inflammation,

swelling

and pain



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### THE "PHYSICIAN'S METHOD" COMPLETE .... FOR CONTRACEPTION

The more satisfied patient will be motivated to follow your instructions for regular use. Recommend the KOROMEX COMPACT to your patients . . . make it possible for them to determine whether Jelly or Cream is best suited to their individual requirements.

#### EACH KOROMEX COMPACT contains:

Koromex Jelly - regular size tube Koromex Cream - trial size Koromez Diaphragm - Coil Spring Koromex Introducer



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66 MEDICAL ECONOMICS . FEBRUARY 15, 1960

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# RESULTS IN 366 PATIENTS WITH STOMACH ULCERS

NOSIS	TOTAL	IMPROVEMENT WITH X-RAY GAINS	MPROVEMENT MARKED SLIGHT WITH X-RAY IMPROVEMENT IMPROVEMENT				
TIC	50	10	29	9	2		
STRIC	56	11	33	10	2		
DDENAL	256	39	39 175 33		9		
ORIC	4	-	1	2	1		
AL	366	60	238	54	14		
eary of investigators'	reports.	16%	65%	15%	4%		

### % MARKED IMPROVEMENT REPORTED

proven relief of pain, spasm and nervous tension without the side effects of belladonna, bromides or barbiturates

### INDICATIONS-

duodenal and gastric ulcer gastritis colitis spastic and irritable colon gastric hypermotility esophageal spasm intestinal colic functional diarrhea G. I. symptoms of anxiety states

### NOW-2 FORMS

for adjustability of dosage

Milpath - 400 - Yellow, scored tablets of 400 mg. meprobamate and 25 mg. tridihexethyl chloride (formerly supplied as the iodide). Bottle of 50.

Dosage: I tablet t.i.d. at mealtime and 2 at bedtime.

Milpath - 200—Yellow, coated tablets of 200 mg. meprobamate and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

# Milpath

\*Miltown + anticholinergic



WALLACE LABORATORIES New Brunswick, N. J.

# NO MORE TEARS AT VITAMIN TIME

No fights, no battles now at vitamin time because children love to chew DELECTAVITE These delectable, easily chewable chocolate nuggets supply all essential vitamins well as minerals so necessary during the years of growth. As soon as children can che they can go directly from vitamin drops to DELECTAVITES. And now you can be su your little patients will continue to take their vitamins.

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DELECTABLE, CHEWABLE, CHOCOLATE-LIKE VITAMIN-MINERAL NUGGETS



# Tussagesic or the total cold syndrome



non-narcotic cough control
superior upper respiratory decongestion
effective antipyresis and analgesia
classic expectorant action

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# TUSSAGESIC TREATS THE TO





Tussagesic provides
Triaminic®, the leading
oral nasal decongestant...
reaches all nasal and
paranasal membranes
systemically for effective
relief in rhinitis,
rhinorrhea and sinusitis,1.2,3



Tussagesic provides
Dormethan, non-narcotic
antitussive with "amply
demonstrated" action<sup>4</sup>...
depresses the cough reflex
as effectively as codeine
but with less likelihood of
unpleasant side actions.



APAI analg excell action from discon with

### E TOTAL COLD SYNDROME





Tussagesic provides APAP for non-addictive analgesia<sup>5</sup> and excellent antipyretic action<sup>6</sup>...for relief from fever, malaise and discomfort associated with colds.



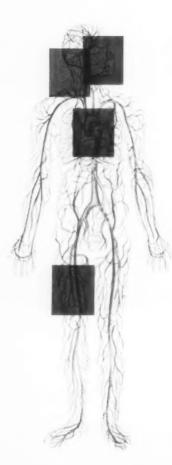
Tussagesic provides terpin hydrate, one of the most widely-used expectorants, contributing to relief and recovery by facilitating the expulsion of mucus from the respiratory tract.



### for relief from the total cold syndrome...

## Tussagesic

timed-release tablets / palatable suspension



Each Tussagesic timed-release	Tablet
provides:	
Triaminic	50 mg.
(phenylpropanolamine HCl 25	mg.;
pheniramine maleate 12.5	mg.;
pyrilamine maleate 12.5	mg.)
Dormethan	30 mg.
(brand of dextromethorphan H	(Br)
Terpin hydrate1	
APAP3	25 mg.
(N-acetyl-p-aminophenol)	

Relief with a single Tussagesic Tablet is prompt and prolonged because of this special timed-release design:



first-3 or 4 hours of relief from the outer layer then-3 or 4 more hours of relief from the core

Dosage: Adults and children over 12-1 tablet in the morning, midafternoon and at bedtime. Each tablet should be swallowed whole to preserve the timed-release action.

Each tsp. (				)	-	0)	f	7	1	MA	81	86	ı	70	84	8	c	7.0	Suspen-
sion provid	le	18																	95 mg
Dormothan																			15 mg.

flavored, non-narcotic and non-alcoholic. Dosage (to be taken every 3 or 4 hours): Adults and children over 12-1 or 2 tsp.; Children 6 to 12-1 tsp.; Children 1 to 6-1 tsp.; Children 1 to 6-1 tsp.; Children under 1-1 tsp.

References: 1. Fabricant, N. D.: E.E.N.T. Monthly J7:406, 1958. 2. Farmer, D. F. Clin. Med. 5:1183, 1958. 3. Lhotka, F. M.: III. M. J. 112:259, 1957. 4. Bickerman, H. A.: in Drugs of Choice, Mosby, St. Louis, 1958, p. 557. 5. Bonica, J. J.: thid, p. 272. 6. Dascomb. H. E.: in Current Therapy, Saunders, Philis., 1958, p. 58.

SMITH-DORSEY Lincoln, Nebraska a division of The Wander Company

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## **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 15, 1960

### Where to Find an Aide

Advertise? Call an agency? Get in touch with a school? Use the grapevine? Raid your hospital? Draft your wife? Draw your own conclusions from this analysis of all such sources

### By Horace Cotton

A busy obstetrician who urgently needed an office aide picked up his phone and called a patient he'd delivered twice. On her last check-up visit, she'd shown him a newspaper ad for a medical secretary and had commented jokingly: "If you ever need one of these, I'd like to apply for the job."

Now, with his long-time sec-

retary about to leave, he suddenly remembered the ex-patient and took her up on the half-serious offer. "Turned out she had not really been joking," he says. "I hired her, and she has proved a winner."

Not all physicians find good aides so easily. As a rule, it's mighty hard to track one down. "It's next to impossible to find a

The author is development counsel to Black & Skaggs Associates, Inc., Battle Creek, Mich., parent organization of the PM group of professional management firms. This is the first article in a series about aides. Later articles will discuss such aspects of the subject as how to interview candidates, how to break in an aide, and how to make the most of her sercices.

good aide in this town," is the common plaint. "Most of the girls I interview are scarcely literate. If I find one who can do part of the job, sure as shooting she falls down on some other part. There ought to be some source in every town where a doctor can apply for a girl trained in medical office work."

In an effort to discover the best ways of locating topflight help, I've sifted through reams of advice from physicians, personnel experts, employment agencies, schools for medical aides, and management consultants. Into this mass of counsel I've woven my own ten years of experience at helping doctors find aides. The big fact that emerges from my study is that there's no single best way to find the paragon you're looking for. You have to be prepared to work grimly through all available methodsseven of them, by my count.

In the following paragraphs, let's examine all seven. But don't assume that I'm listing them in order of preference. The right way for you might be any one of them.

1. You can advertise. In large population centers, a three-line ad in the classified section of a newspaper is probably the favorite way to recruit office help. In small communities, the doctor can often let his wants be known by word of mouth.

Many physicians feel that the main drawback to the "Help Wanted" column is the risk of being swamped by unsuitable applicants. "When I advertised in our local paper, I got forty replies," says a Stamford, Conn., doctor. "I interviewed every last one of them—and found none satisfactory."

That's chiefly why the heads of two New York agencies that specialize in finding doctors' aides say they think doctors are foolish to advertise. Allowing for a natural bias in the agent's approach, they have a point. "Why plow through a hundred letters or take a hundred phone calls," asks one of these agents, "when an agency can whittle down the prospects to two or three?"

But a Charlotte, N.C., doctor shows us the other side of the coin. "I got my best aide through was ager rout had eral abou are have

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a classified ad," he reports. "She was listed with two employment agencies, both of which failed to route her to me, although they'd had my vacancy on file for several weeks. Besides, a good thing about classified ads is that they are seen by aides who already have jobs but are open for a change."

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That's an important point. Some employed girls quietly scan the ads, alert for anything that looks as if it might be an improvement over their current berth. After all, a girl can have a dozen legitimate reasons for wanting to change employers. But she doesn't necessarily list her name with an agency; she simply keeps her eyes and ears open.

Sometimes, by the way, such a girl may be especially eager to move to another town. So don't stick slavishly to the local paper when you advertise. There may be an aide in the big city fifty



"Oh, Mr. Shapley ..."

### FINDING AN AIDE

miles distant who's longing to live in your snug community. A small-town Alabama doctor got a jewel of a secretary through his ad in a Birmingham paper. His town happened to be her birthplace, and she wanted to come back home.

How should you word your ad? The specimens given in the box below may give you some ideas.

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Note that they all include mention of the salary. Some experts advise against this. But I disagree. State what you're will-

### AIDE-WANTED ADS THAT PULL

Management Consultant Horace Cotton recommends some such wording as the following for three types of advertisement. He considers the italicized words the key ones.

### FOR A ONE-GIRL OFFICE

Experienced aide for physician, start \$300 per month; age 25-40; all duties, including nursing, reception, telephone, appointments, bookkeeping, typing from machine dictation; no other aides employed: R.N. preferred but not essential; interviews to selected applicants only. Write fully to Box 000.

#### FOR A SECRETARY IN A TWO-GIRL OFFICE

Experienced secretary for physician, start \$300 per month; age 25-40; no nursing duties; reception, telephone, appointments. bookkeeping, typing from machine dictation, knowledge of medical terminology essential; interviews to selected applicants only. Write fully to Box 000.

#### FOR A TRAINEE

Physician will employ inexperienced girl, start \$200 per month; age 18-24; high-school graduate; must type well and be good at figures; other aides employed; will train as medical secretary; interviews to selected applicants only. Write fully to Box 000. ing to pay, I say. Show the bait, and you'll automatically weed out those who want more than you can afford to pay. Conversely, if Dr. Titewad's treasure, Miss Jones, has abandoned all hope of a raise in her \$60 per week stipend, your \$75 may be the clincher.

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Another tip: Always use a "blind" ad. In other words, don't give your address or phone number. Instead, ask for written replies addressed to a newspaper box number. You'll screen out many third-raters that way. A letter of application is an aptitude test in itself. And the blind ad keeps the merely curious off your telephone.

Finally, be specific in your ad. If you want an experienced girl, say so. State all the skills you're looking for. If you're willing to take a trainee, announce the fact.

2. You can list your vacancy with an employment agency. I've already indicated the big plus factor for agencies. It's that they do your screening for you. They are experts at it.

As one agency head says forcefully: "Only people who make a business of it know how to interview. Interviewing personnel takes long experience. Many a prospective employer will see a pretty face and some good clothes, and if the girl is two steps ahead of being an idiot, he'll hire her. We don't work that way."

Another point in favor of the agency is that its assistance costs the doctor nothing. The job-seeker pays the freight. (There's nothing to stop you from offering to pay the successful applicant's placement fee, however. And some employers think it's a good idea to do so, since it starts the girl off with a small reservoir of goodwill in your favor.)

It's also true that good agencies take great pains to classify their registrants accurately and in detail. They take voluminous histories, apply psychological and aptitude tests, and supplement these by intensive interviewing. As a result, many physicians have found first-class aides through agencies.

The consensus seems to be that there's no good reason to be Continued on page 248



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## Small-Town Practice? 'YOU CAN HAVE IT!'

Why are rural G.P.s a vanishing breed? This doctor's frank account of his medical practice in the sticks gives a disturbing answer to the question

BY BRENNAN DONNAVE, M.D.

of the big-city rat race, and you make a comfortable living without getting ulcers. If I had a second chance, I'd follow in your footsteps."

These words came from a medical school classmate I ran into last year. They weren't unusual. I've heard similar sentiments from big-city colleagues a hundred times during the five

years I've been a country G.P.

These wistful doctors assume that we small-town practitioners are more than respected; we're beloved. They assume that, while we don't make the money the city men do, we don't really want to. They think that ours is a truly enviable life of selfless service in a rustic Utopia. At least, that's what they tell me.

Maybe they're right about

THE AUTHOR writes under a pen name and has disguised all identifying details. Otherwise, this is a wholly factual report.

#### RURAL PRACTICE

some small-town physicians. But they're dead wrong about me. I suspect they're dead wrong about a good many of us.

For five years I've lived and practiced in a rural town. I'm its only physician. Am I happy in my practice? I am not. Am I making a comfortable living? I'm head over heels in debt. Am I the object of my patients' overwhelming gratitude and respect?

Most of them consider me a "country doctor"— adequate for first aid, necessary only in an emergency.

Small-town practice? You can have it.

If you're thinking I'm a frustrated would-be specialist who's taking out his bitterness on his community, you're wrong. You are just as wrong if you surmise that my medical competence is

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"The putative . . . ? Oh, yes, he had wavy hair and drove a red convertible."

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My father and grandfather were G.P.s. And I've never wanted to be anything but a good general practitioner. I grew up in small communities, so I'm not a stranger to their way of life. I went to the state university and the state university medical school, graduating high in my classes at both. I interned at a large Veterans Administration hospital and at an even larger general hospital in my state's largest city. I put in a year's rotating G.P. residency at the state university hospital.

### He Was Needed

After that, I set up general practice in a town I'll call Feckless (pop. 950), the county seat of Feckless County (pop. 4,300). It's an agricultural community; the nearest city of any size is sixty miles away. I picked Feckless because of the town's urgent need for a doctor.

The mayor and the town's two councilmen told me that Feckless had had "bad luck" for years with a series of medical misfits. But they could see that I was a different article. I was young and ambitious. Having just completed my training with honors, I was up on all the latest medical developments. My wife was an R.N. who would help me with my practice.

### They Were Eager

They were delighted when I said it was my aim to set up a small clinic-hospital. They told me I could count on having the community behind me 100 per cent.

This was what I wanted to hear. My wife and I were completely sold on Feckless. We liked the look of the town; we liked the looks of its inhabitants. There was no doubt in our minds that Feckless was just what this doctor had ordered.

That was five years ago. Since then, I've set up a ten-bed clinichospital in an old stone mansion at the edge of town. I've borrowed heavily to equip it with modern facilities. My wife and I have trained a staff of local girls to be clinic aides. I've been given a student-assistant each year by

the state university medical school. And I think I've practiced good medicine.

Yet by the time this article appears in print, I'll have moved to another community—a thriving city, I hope.

What has turned me sour on Feckless? My answer to the question may help you avoid making the mistake I made. So here is an unvarnished account of what a small-town doctor's life can be like:

### **Grateful Patients?**

Forty per cent of this town's population is over 65. Through the years, older people have moved in from the farms to live here. Their incomes come from tenants who run the farms for them. They aren't wealthy, but most of them live comfortably.

This might seem fine from the doctor's point of view. The elderly people need medical care, and they get it.

But they pay for it neither graciously nor promptly. A good number of them don't pay for it at all.

I collect about 75 per cent of

my fees. Even this percentage isn't easy. My accounts receivable now stand at \$10,000. I'll be lucky if I collect \$2,000 before I finally pull up stakes. I've found that letters, phone calls, and personal appeals do little good with Feckless deadbeats. Even two reliable collection agencies threw in the sponge when their techniques failed.

And for people who can't afford to pay for medical care, no town or county funds are available. Recently, the elders of one of the churches brought a sick transient to me. After treating him in the hospital for a week, I asked one of the churchmen if the church intended to pay for the patient's care. He looked at me in surprise. "We found him," he told me. "It's up to you to fix him up."

### Charity for All but Him

This was no isolated occurrence. Care for local indigents is strictly the doctor's responsibility—and expense. When I've protested this at local meetings, I've been greeted with suspicious

Continued on page 230

## 'IT'S HELL TO SERVE On an infections committee!'

Everybody, but everybody, thinks doctors should do more to control staph in the hospital. 'Agreed,' says this physician. 'But let's not kid ourselves into thinking good intentions will do it'

By George Moynihan, M.D.

Doctors all over the country are concerned about staphylococcus infection. Laymen are worked up about it, too. The Reader's Digest has called it the "Golden Villain in Our Hospitals." The Ladies' Home Journal has called it "Death From the Hospital Nursery." The Saturday Evening Post has dramatized the problem in an article entitled "Hospitals Fight the Toughest War."

The Post is right, of course.

Staph is the toughest hospital problem of the decade. To meet it, the American Hospital Association has offered what should be the ideal solution:

Each hospital must establish an infections committee. The committee should include a bacteriologist, a pediatrician, a surgeon, an internist, a housekeeper, and a hospital administrator.

The A.H.A. implies that once any such committee institutes

THE AUTHOR, who writes under a pen name, is an OB/Gyn. man on the staff of a 300-bed community hospital in an Eastern state.

### INFECTIONS COMMITTEE

the proper regulations, the staph problem in a given hospital will be licked. But it just isn't so. Two years of service on an infections committee have convinced me that the typical such committee is a powerless body that talks a lot but can do almost nothing.

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Actually, many doctors don't believe staph is the menace it's supposed to be. In my institution —I'll call it Springdale Hospital —latest figures reveal only a 0.3 per cent infection rate.



"Sure you can pay it on time. How's fifteen minutes sound?"

That isn't a dependable statistic, of course. I'd be unwilling to swear that only three out of every 1,000 patients here get something, since there's no sure way to record all cases of infection. But it's pretty hard for an infections committee to do important work in an atmosphere where its work doesn't seem important.

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### They Can Only Recommend

Even if all my colleagues at Springdale were truly worried about the problem, our committee wouldn't have much chance of success at combating it. We can make recommendations. But we have neither the authority, nor the money, nor the personnel required to make our recommendations stick. So, like many another similar committee, we do little more than issue a lot of completely unworkable directives.

That's why it's hell to serve on an infections committee! We mean well. We follow the A.H.A. suggestions. But we're frustrated all the way up and down the line. Let me state one thing clearly: We do try hard. We've drawn up procedures for examining patients on admission and for isolating them when need be. We've listed dos and don'ts for personnel working in the operating room, the nursery, the lab, the kitchen, and the laundry. We've told doctors when to change clothes, and nurses when to change sheets.

There's only one thing we haven't done. We haven't been able to put teeth in our rules. And many men who serve on infections committees elsewhere tell me they have the same trouble. Here are a few examples of the kind of thing we must contend with:

### Stymied at Every Turn

Item: In line with A.H.A. suggestions, we tell staff people to make periodic checks of the autoclaves, air-conditioning system, and laundry procedures. Can we command doctors to do this? Of course not. We can point out that they're ultimately responsible for all aspects of our infections-control program. But

## This Hospital Met the

Two years ago, St. Louis' 485-bed Jewish
Hospital agreed to back up its infections
committee with a first-year appropriation of
\$88,000. Here you can see some of the results



ALL VACANT ROOMS are routinely disinfected with new air-pressure devices costing \$165 apiece.



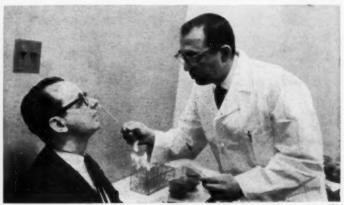
IT COST \$1,000 to install this sterilizer, used to disinfect the hospital's trash containers.

## Staph Problem Head-on



COSTLIEST ITEM in Jewish Hospital's fight against staph is this \$14,000 ethylene oxide sterilizer. It cleans a 180-pound linen load in four hours.

A ROUTINE CULTURE TEST is administered to Pediatrician Marshall B. Greenman by the chief of the bacteriology department, Alex Sonnenwirth.



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### INFECTIONS COMMITTEE



**HOSPITAL-DESIGNED** isolation carts (\$250 each) enable staff to follow isolation recommendations.

FOLLOWING FINAL PROCEDURE for instruments, a staff nurse soaks them in an iodothor solution.



84 MEDICAL ECONOMICS - FEBRUARY 15, 1960

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we can't police every busy physician's activities.

Item: We insist that staff men refer all personnel suspected of having cutaneous or respiratory infection to the health service office. This is a procedure that has the hearty approval of the president-elect of the A.M.A. Says Dr. E. Vincent Askey: "Doctors must make daily examinations of all hospital employes... shift them from job to job or send them home when necessary."

### Who'll Do It?

All I can say is: Can you find the time to help your infections committee that way, Doctor? My colleagues in Springdale can't.

Item: We warn everyone to change his scrub clothes and shoes every time he enters the obstetrical unit. But we haven't found a tactful way to implement our warning. Nor do we have the personnel required to keep an eye out for every forgetful doctor's failure to change shoes.

Item: We've told our colleagues to recommend isolation for all cases having such diagnoses as carbuncles and furuncles, burns, TB, septic arthritis, meningitis, hepatitis, etc. But what do you do with an infected patient who assumes that Blue Cross is going to pay, say, \$21 for a semiprivate room? How do you persuade him to pay another \$10 or \$12 a day just because the infections committee says he must be isolated? We haven't found an easy answer.

The only easy thing about an infections committee, it seems to me, is to start one. Any board of any hospital can accomplish that. The hard part comes later, when the staff is asked to take the committee seriously.

I'd gladly serve on such a body if it could be taken seriously—if, in other words, it were given the authority it needed. But the whole concept of the infections committee needs to be clarified. Why, for instance, doesn't the Joint Commission on Accreditation of Hospitals make the setting up of such committees a requirement for accreditation?

This done, every existing Continued on page 222

## What's Gone Wrong With Specialism?

1. It Causes Jurisdictional Disputes



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Are you vague about the limits of your field of practice? Are you often irked by 'poaching' colleagues? If so, you're in good company. Here's what 1,084 specialists say about the jurisdictional disputes that now beset them

By Wallace Croatman and Pearl Barland

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XUM

"The surgeons here are after your scalp. They've made an official protest to the records committee about the appendix you took out this morning. Don't you know you ought to keep out of abdomens?"

According to a California OB/Gyn. man, that's what the chief of his service said to him not long ago. "But the patient was pregnant," he replied. "I'd have had more trouble if the Gyn. indications turned out to be right. I was relieved to find only an appendix."

At this, the senior man reportedly relaxed. "O.K.," he said. "The records committee will go over your notes with a fine-tooth comb. And the surgeons will keep an eye on all our operating schedules for a while. But at least we're in the clear this time."

That particular crisis ended there. But similar jurisdictional disputes can set one specialty against another whenever a staff committee sits down to discuss privileges. ENT men glare at ophthalmologists over the nasolacrimal duct. Thoracic and general surgeons argue over radical neck dissections. Urologists and plastic surgeons claim hypospadias. And so on.

It's easy to see why jurisdictional disputes arise. Medical practice is now subdivided into some fifty specialties and subspecialties. Urology, proctology, ENT, and ophthalmology all concentrate on limited parts of the anatomy. Specialties like dermatology, orthopedics, and plastic surgery stretch from head to toe. Obstetrics-gynecology maps out its territory on the basis of the patient's sex; pediatrics on age. The special techniques of the surgeons, radiologists, and pathologists set them apart. Internists-and, to some extent, general surgeons—apparently try to hold on to whatever the other specialties haven't claimed.

Thus, the dividing line between one specialty and another often seems as indefinite as the Indo-Tibetan border. The problem has been pointed up by the findings of a recent survey of

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1,084 representative young specialists. "How do you define the traditional limits of your field, and how do you handle borderline cases?" this magazine asked. From their replies, two general conclusions can be drawn:

1. Specialists uniformly condemn colleagues who seemingly raid other fields for economic reasons. A typical comment on such transgressors: "They're a disgrace to the profession."

2. Yet 91 per cent of the surveyed specialists concede they're uncertain about fringe areas of their field where the question at issue is this: Which of two specialists is better able to handle a given procedure?

What are the most troublesome fringe areas? Why does the typical man in one specialty think he has a better claim to a given area than his colleague in a "neighboring" field? How often does he himself step out of bounds? Here's a rundown of what the surveyed physicians in

the twelve largest specialties (arranged according to size) say on these key points:

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### Internal Medicine

As you'd expect, the internist is fighting to remain a specialist on all borders. What are his boundaries? A New Jersevite suggests that they're "grooved by the scalpel." A Michigan man is more specific. "Anything is in our province that doesn't belong to the surgeons, the pediatricians, the OB/Gyn. men, the psychiatrists, or the neurologists," he contends.

But even this statement implies that the borders of internal medicine are blurred. And general practice overlaps everywhere. The internist's diabetics catch colds and develop furuncles. Other patients sprain an kles and have low back pains. Still others get dysmenorrhea and urinary-tract infections.

Must he refer these minor conditions-"which," to quote

THIS ARTICLE is the first of several based on a survey of 1,084 board-certified specialists. Later articles will discuss such other aspects of specialism as the meaning and validity of certification; current attitudes toward ways of assuring the continuing competence of experienced specialists; etc. All articles in the series are copyrighted @ 1960 by Medical Economics, Inc., Oradell, N.J. They may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.

one surveyed internist, "every doctor learned to handle in medical school"-to G.P.s or other specialists? Another man's question asks: "Why should it be all right for us to do a diagnostic biopsy, but not to desiccate a wart or lance a boil?"

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When the internist tries to be a family physician, he must solve the biggest problem of all: Where does pediatrics end and internal medicine begin? Many internists contend that 12-year-olds are adults. But most pediatricians apparently agree with their colleague who says he keeps his patients "till 16 years of age or high-school graduation."

And what about the internistconsultant? Pediatricians gladly send him the 10-year-old diabetic, although he usually can't get such a child a hospital bed. Obstetricians want him to help with the pregnant woman who has a heart condition. Yet, as one Massachusetts internist puts it, "the internist at a delivery is a ludicrous figure." Even in the field of diagnosis, where he once held sway, many an internist feels he may often be "intruding" into other specialties. More

### Which Fields Are Least Well Defined?

Ninety-one per cent of the 1,084 specialists surveyed by this magazine say they have some jurisdictional problems. The percentages by specialty:

General surgery	100%	Neurological surgery	89%
ENT	100	Proctology	89
Dermatology	100	Psychiatry	84
Plastie surgery	100	Ophthalmology	81
Radiology	96	Pathology	80
Internal medicine	95	Thoracic surgery	78
Pediatrics	93	Obstetrics/gynecology	76
Orthopedic surgery	91	Neurology	74
Urology	90	Anesthesiology	73

Says one such man disconsolately: "Radiologists have first claim on radioisotopes for diagnosis and therapy; pathologists do hematology; dermatologists do allergy; and so on. Let's face it: We're becoming glorified G.P.s minus the lucrative aspects of surgery and OB."

### **General Surgery**

Despite increased pressure from the subspecialties, the general surgeon is in no mood to retreat to the abdomen. Here's the evidence, in the surgeons' descriptions of what they do:

5 in 5 do trauma and abdominal and vascular surgery.

4 in 5 do thoracic, proctological, and head-and-neck surgery.

3 in 5 do gynecological surgery.

Half do orthopedics.

1 in 5 does urological, plastic, and/or cardiovascular work.

1 in 25 does some neurosurgery or ophthalmological work.

Only 1 in 25 limits himself to the abdomen.

Whatever they do, the surgeons are more roundly scored for their encroachments than any other specialists. Typical criticisms in the survey:

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From an internist: "Shame on the surgeon who treats pneumonias and diabetic coma!"

From an anesthesiologist: "It's not unusual for a surgeon to dose the patient with analgesics and barbiturates to avoid calling in an anesthesiologist."

From a gynecologist: "Let's get the general surgeons completely out of the pelvis!"

In spite of such brickbats, most small-town surgeons contend that their operating field has no set limits. But many are beginning to tread as gingerly as their big-city colleagues. They aren't doing so willingly. Almost all the surveyed men resent the narrowing of their field. A representative comment: "Good general surgery includes hysterectomies, undescended testicles, and chest surgery. I do these even though super-specialists frown."

### Obstetrics/Gynecology

Perhaps because they see themselves as the "most regulated of the specialists," the OB/ Gyn. men appear to have fewer jurisdictional problems than any other doctors except the anesthesiologists and neurologists.

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Limited to "feminology," the typical OB/Gyn. man says he feels little embarrassment at treating the extra problems that come along. "When a woman wants a complete examination, I try to oblige her," says a Californian. Adds a Kansas OB man: "If a pregnant woman has a cold or athlete's foot, I treat it."

What these men seem to resent the most is the loss of breast problems to general surgeons

### **Borderline Problems in the Smaller Specialties**

Each quotation below is representative of a number of similar remarks from men in the same field of practice. The specialties are listed in order of size.

DERMATOLOGY: "We're plagued by swarms of self-styled dermatologists with little or no specialist training."

NEUROLOGICAL SURGERY: "In some cases, the actual surgery is best handled by the vascular surgeon. Yet the decision as to necessity should be made by the neurological surgeon."

**PROCTOLOGY:** "Internists treat ulcerative colitis and bleeding hemorrhoids. All general surgeons operate on colons, the rectum, and anus. But we proctologists aren't supposed to go above the sigmoid colon to treat ileitis. Proctology seems to be a bastard specialty."

THORACIC SURGERY: "Many thoracic surgeons have to do general surgery in order to survive. Even though we do it as well as the majority of general surgeons, we're criticized."

PLASTIC SURGERY: "Every operation in my field crosses other specialties' borderlines."

NEUROLOGY: "What should we do about headaches if the neurological examination turns out negative? Should we send the patient to an internist, a psychiatrist, or an ENT man?"

and radiologists. OB/Gyn. men all over echo the statement of a Florida colleague: "Breast problems should never have been removed from our field."

But most of the surveyed OB/ Gyn. men claim they've accepted the loss of territory and try not to trespass. Their main jurisdictional worry is the pelvic operation that winds up in general surgery, urology, or proctology.

On the medical side, they treat hemorrhoids with misgivings; but they lay claim to all female endocrinology-"not only ovarian but pituitary, thyroid, and adrenal." In fact, as one Oregon man puts it: "It's a pity we can't also study the male half of an infertility problem."

### **Pediatrics**

"We are suffering from growing pains." This terse comment sums up the pediatrician's problem. He finds the allegiance of adolescent patients disconcerting, though flattering. Take this example cited by a Missouri man: "College-age individuals still want to go to their pediatricians. But my hospital privileges are limited to 12-year-olds."

At the opposite end of the field, a Maryland pediatrician expresses "a frustrated concern over prenatal factors in newborn illness." A Californian comes out frankly for "prenatal talks with mothers." And most of the surveyed men say they wish they could get the newborn from the obstetrician sooner.

Then, too, they'd like to do more surgery-starting with circumcisions. One in three reports that he now does such minor surgery as lancing boils and suturing lacerations. One in four will handle dislocations and minor fractures. But a number of them make statements like these:

"Pediatricians should do T. & A.s"... "Pre- and post-operative care of the child surgical patient should be handled by the pediatrician" . . . "We ought to be permitted to administer anesthesia to our patients."

### **Psychiatry**

Half the surveyed psychiatrists say they give no medical or physical treatment to their pa-Continued on page 266

## What Happens to Incomes When Doctors Team Up?

If you assume that taking on a partner would mean an initially lower income for you, maybe you're behind the times.

Here's some evidence to disprove an old theory

### By Clayton L. Scroggins

"Y ou'll probably earn more in the long run if you team up with a colleague. But expect a cut in income the first year or so."

True or false?

Many of us professional management men have been telling doctors it's true. Not that our warning has stopped the swing toward partnership practice. (A study Alfred Politz recently did for MEDICAL ECONOMICS shows that more than 37 per cent of all practicing physicians under the

age of 40 are now in partnerships or groups.) But our glum note about lower starting incomes may have led more than one doctor to put off entering a partnership, much as he may have wanted to.

Recently, I decided to take a closer look at what's likely to happen to a doctor's income right after he combines forces with a colleague. I got down to cases. Specifically, I carefully went over the first-year financial records of more than 100 part-

THE AUTHOR, a member of the Society of Professional Business Consultants, heads Clayton L. Scroggins Associates in Cincinnati, Ohio.

### TEAM INCOMES

nerships and associations that are clients of my firm.

What I found makes me suspect that our old warning about lower initial incomes for new partners is no longer valid. Very few of these newly combined practices netted less the first year than the individual doctors would have netted practicing solo. The majority netted about the same. But a surprising number netted more—some substantial-

ly more—than the doctors could have expected if they'd gone it alone.

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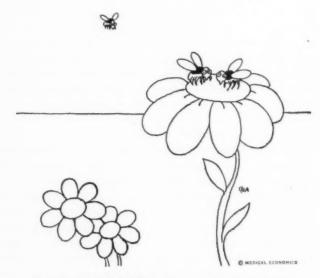
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Clearly, a 100-case sample is inadequate for drawing up dependable statistical predictions. Even so, some broad indications do emerge from my study. It's these straws in the wind that I'd like to report to you.

Every combined practice I reviewed fell into one of four categories: an arrangement between



"Don't you think it's high time you told Junior about the birds and the people?"

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XUM

a senior and a junior man; a partnership of established men; a father-son association; or a teaming-up of two beginning doctors. In the first year, nearly all the newly combined practices netted the doctors either as much as or more than they'd have earned singly. There was only one notable group of exceptions to this rule. The findings below tell the story.

▶ Senior-junior combinations. Since the younger man was paid a salary by the senior man in nearly all the cases in our files, I considered only what effect the new arrangement had on the senior's net income.

In about half the cases I reviewed, the total income for the combined practice rose just enough the first year to cover the junior's salary. In another 25 per cent of these cases, the senior doctor had a small increase in income after paying the younger man's salary.

Results in the remaining 25 per cent of the surveyed cases varied widely. In some, the senior man's income more than doubled; in others, it dropped so

far that the association broke up at the end of the first year. But since I know the men involved, I can report that their situations made these latter results atypical. So we're safe in concentrating only on the other 75 per cent of the combinations—the ones where the senior man's income stayed put or rose.

In all the practices where the older physician's net stayed the same instead of rising, I found the senior man had done one or more of the following:

He'd held back on sharing all his patients and all his established referral sources with his young associate.

¶ He'd taken long vacations (which he may well have needed badly).

¶ He'd experimented with several office-hour arrangements before finding the best possible one for himself and his new associate.

¶ He'd neglected to provide adequate facilities for the junior man.

Where few or none of the above things had been done (or not done), it was a different

### TEAM INCOMES

story. Then—in some 25 per cent of the studied practices—the senior doctor's net rose.

▶ Partnerships between established practitioners. In twothirds of these cases, the partners' net incomes rose slightly the first year. It wasn't because the doctors increased their volume. They didn't. Their incomes rose simply because they'd cut down on overhead by sharing expenses. Why didn't they increase volume too? Because they couldn't. They were already carrying full loads before they teamed up. But apparently there's a way for two busy men to go into partnership and increase their volume. It's the way chosen by the other onethird of the surveyed partnerships: Each of them took on a third, younger man.

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Every such office increased its first-year total income enough

## Do You Ever <u>Suggest</u> Calling in A Consultant?

BY CYNTHIA SMITH

When one of your patients consults another doctor without first consulting you, perhaps you shrug and say, "Well, he's within his rights." My husband, who's an internist in an Eastern metropolis, reacts that way. But he has often admitted to me that he feels some inward resentment when a patient he's

treating "tiptoes" off to seek another man's opinion.

"It isn't that I'm irritated by disloyalty," he once remarked. "What disturbs me is the question: Why did I lose the patient's confidence?"

Recently, he gained new insight into the patient's point of view. Since his experience—and

6 MEDICAL ECONOMICS - FEBRUARY 15, 1960

to cover the third doctor's share and leave the older men sizable net increases.

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Father-son partnerships. These seem to work like a charm -at least as far as Dad is concerned. (Since most of the surveyed sons were just starting out, I considered only the teams' effect on the older men's earnings.) In nearly all such cases in our files, the father's net income rose substantially the first year, regardless of whether he'd made his son a partner or put him on salary. In some cases, the father's income nearly doubled.

There are several reasons why father-son teams are so successful. For one thing, the father in the studied teams invariably had an already busy practice and an established reputation. The reputation apparently rubbed right off on the son, whereas an out-

Continued on page 282

mine-throws some light on the doctor-patient relationship, I'd like to tell you about it (with all names disguised):

When our daughter, Dotty, was 2, our pediatrician suggested we do something about correcting an eye that sometimes turned inward. He recommended young ophthalmologist whom I'll call Dr. Colt. The eye man was wonderful with Dotty. He diagnosed the ailment as an esotropia and gave her a local chemical treatment instead of glasses.

Perhaps in deference to my husband's being an M.D., Dr.

Colt relied quite a bit on our opinion of how things were coming. I watched Dotty's eyes carefully and thought she appeared to improve. My husband was more cautious.

He'd come home at night, look at Dotty, then say something like: "Seems to me that eye's turning again. Are you still using the chemical? Be sure to use it tonight."

Who was right? Did the eye still turn, or was it my husband's imagination? To add to our perplexity, Dotty was afraid of certain kinds of activity. For exam-

### SUGGEST A CONSULTANT?

ple, she often had to be assured she could walk down a flight of steps before she'd attempt it. Which raised the question: Could she see or couldn't she? Dr. Colt replied calmly that this couldn't be known for certain yet; Dotty was too young.

### **Unanswered Questions**

For a year my husband and I plagued ourselves with such questions. Neither of us had had eye trouble, and we didn't realize the tremendous need for patience. We grew more and more anxious.

Then, only a few days ago, my husband came home and said: "Remember Bob Burns in my class? Met him today. He's in ophthalmology. I mentioned Dotty's case to him. He suggested we take her to a Dr. Falk, who's a pioneer in the field. Bob says that when his patients with esotropia want another opinion, he always sends them to Falk."

Next day, I called Dr. Falk's office and made an appointment for Dotty. Somehow, neither my husband nor I thought of saying anything to Dr. Colt. In other

words, we forgot we were a doctor and his wife. We simply became two worried parents.

Dr. Falk examined Dotty's eyes and said more or less what Dr. Colt had told us. Then he asked: "Who referred you to me?" I told him that my husband's classmate had mentioned is name and that Dotty had been treated by Dr. Colt for a year and a half.

### **An Embarrassing Moment**

"I know Dr. Colt," he replied.
"A fine doctor. Why didn't you tell him you were coming to see me? As a consultant, I have to write a report for a referring physician, you know. So your doctor will learn all about your visit. I'd advise you to continue with the treatment he recommended. And, if you'll forgive me, I suggest you apologize to Dr. Colt."

That's what we're going to do. But what excuse do we have? Why didn't we confide our worries to Dr. Colt and tell him we'd like another opinion?

We should have known better. But maybe a small portion of the He drives with his

stomach

... fighting traffic delays and the other fellow's "queer" driving ... his stomach takes the brunt of his tenseness

BUTIBEL antispasmodic · sedative

quiets "nervous," spastic stomachs—with the efficient

sedation of BUTISOL SODIUM® butabarbital sodium 15 mg, and the antispasmodic effect of natural extract of belladonna 15 mg. (per tablet or 5 cc.)

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### SUGGEST A CONSULTANT?

fault can be laid at Dr. Colt's door.

"One thing I'm sure of," my husband commented a few days ago. "From now on, I'm going to be more understanding of my own patients. How do I know how many of them may sometimes be tempted to look up a consultant, but hesitate because they don't have the nerve to tell me? As of now, I won't let anybody get the idea he has to steal off to another doctor just for a few words of reassurance. I'll give them myself.

"And something else," he add-

ed. "I'm going to remember that it's only human for a person to want a second medical opinion when things are in doubt. I'll beat the patient to the draw by suggesting we get the opinion before he thinks of it. If I suspect he's really worried, I'll say: 'I feel confident of the outcome of this treatment. But if you'd like to check with a consultant, I'll gladly arrange it.'"

As I said, we are going to apologize to Dr. Colt. But I also hope he'll read this article. He may want to second my husband's resolution.

## p her alley

After leaving the hospital following major surgery, a 60-year-old patient phoned me to report how he was getting along. We had a long conversation about postoperative care. Then he thanked me and said: "Now, Doctor, may I talk to your nurse?"

"She's busy right now," I told him.

"O.K., I'll call later," he said. "I've got a sore throat, and I'd like her to prescribe something for it."

-STANLEY H. MOULTON, M.D.

For each previously unpublished anecdote accepted, Medical Economics pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.



in eight years Novahistine\* hasn't cured a single cold
-but it has brought prompt relief of symptoms
to almost 8,000,000 patients\*



### in colds

... allergic rhinitis

## Novahistine LP

2 tablets open the air passages
... and continue to give relief
for 8 to 12 hours.
Patients feel better faster
because Novahistine LP

- relieves the stuffy, runny nose and swollen, weepy eyes
- · checks irritant postnasal drip
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Each long-acting tablet contains: phenylephrine hydrochloride, 20 mg. chlorprophenpyridamine maleate, 4 mg.

# and in sinusitis or colds accompanied by pain and fever Novahistine Singlet

Novahistine Singlet opens congested air passages and promotes normal sinus drainage through the combined action of phenylephrine and chlorprophenpyridamine. APAP (Nacetyl-p-aminophenol), an analgesic-antipyretic that is virtually free of gastrointestinal distress and toxicity, allays pain and fever.

Each capsule-shaped tablet contains:

phenylephrine hydrochloride 40 mg. chlorprophenpyridamine maleate 8 mg. APAP (N-acetyl-p-aminophenol) 500 mg.

Dosage: One tablet every 6 to 8 hours (usually morning, afternoon and bedtime). To assure prolonged action, do not break or crush tablets.



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You may save money and trouble by studying the answers to these

# Income Tax Questions Your Colleagues Are Asking

BY JOSEPH F. McELLIGOTT

When my office phone rings these days, it's likely to be a doctor with a question about income taxes. I'm not surprised. When February comes, can April be far behind?

Some of the queries deal with fine points in the tax laws that may not be clear to you either. For example, a doctor recently put this one to me:

"Last April, I moved from a city to a country practice. I had a \$200-a-month lease on my town apartment. But I was only

able to sublet it for \$150 a month, thus losing \$600 for the year the lease had still to run. Is this loss deductible?"

I was glad I could give him a yes answer. This is one of the few cases in which loss on the "sale" of a personal asset is deductible. Anyone who's forced to sublet rented quarters at a loss can legally take the deduction.

But I added this warning: "Be sure to retain all records of the transaction, such as brokers' letters and newspaper advertise-

THE AUTHOR, a tax and medical management consultant in New York City, is a member of the Society of Professional Business Consultants.

## TAX QUESTIONS

ments for the sublet. And keep a record of rentals received."

See what I mean about angles that can save you money? Here's a further sampling of tax questions and answers:

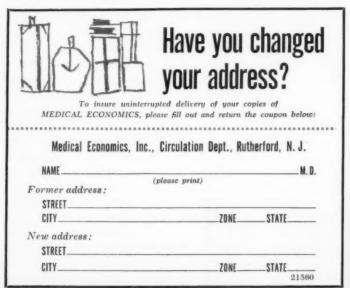
# **Dividend Arrears**

Until recently, I held preferred stock on which dividends hadn't been paid for eight years. Finally, in late '59, the company called in the stock for redemption and paid the value of the shares plus accumulated dividends in a lump sum. How should I report this?

Treat the accrued dividends as part of the redemption price, and thus as capital gain. It would be different if the company had first paid the dividends and *then* called in the stock. The dividend income would then be taxable as such, not as capital gain.

# **Employed Son**

In 1959, my 16-year-old son worked part-time as an assistant to the maintenance man of a tensuite medical office building I own. Are the wages I paid the Continued on page 106



pa

broad-spectrum antibiotic therapy with minimum risk of moniliasis



particularly valuable antibiotic therapy for those patients susceptible to secondary fungal infections

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Cosa-Tetrastatin Oral Suspension (orange-pineapple flavor) 2 oz. bottle, each tsp. (5 cc.) contain

2 oz. bottle, each tsp. (5 cc.) contains 125 mg. Cosa-Tetracyn® plus 125,000 u. nystatin

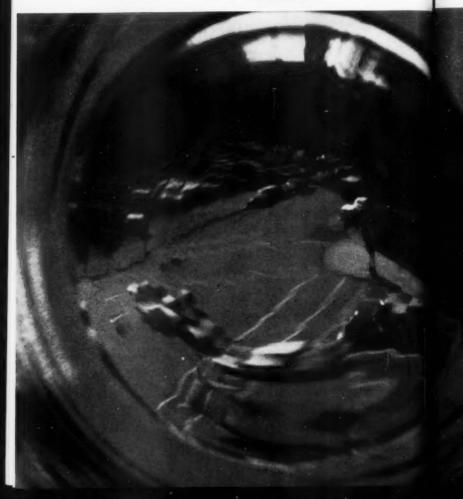
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# CONTROL VERTIGO, DIZZINESS...

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"Disturbances of balance resulting from vestibular disorders have long been known to lead to severe anxiety."\*

Vertigo—whether of organic or functional origin—tends to leave depression in its wake. Dramamine-D is a therapeutic combination designed for treatment of the entire vertigo-reaction syndrome. Each tablet contains dimenhydrinate (50 mg.) to control dizziness, and dextro-amphetamine sulfate (5 mg.) to elevate the mood.

\*Pratt, R. T. C., and McKenzie, W.: Anxiety States Following Vestibular Disorders, Lancet 2:347 (Aug. 16) 1958.

# **Dramamine**®

available as tablets, ampuls, liquid, Supposicones®

SEARLE

Research in the Service of Medicine

# TAX QUESTIONS

boy a legitimate business deduction? And may I continue to claim him as an exemption on my return even though he earned more than \$600?

His wages are a legitimate deduction if they're in line with what's currently being paid in your area for similar service. If, as seems probable, you're providing more than half his support, you can also claim him as a dependent. But since his gross income exceeded \$600, make sure he too files a return.

# State Tax

Should I deduct my state income tax as a professional business expense or as a personal expense?

You must take it as a personal deduction—provided, of course, that you're itemizing your deductions instead of claiming the standard deduction.

# **Sideline Business**

When I inherited \$20,000 last year, I decided to invest it in some sideline business. But in several months of searching I found nothing attractive. While looking around, I spent about \$3,500 for travel, legal advice, etc. Am I allowed to deduct this from my 1959 income?

No. You merely investigated and didn't actually invest. So the expenses aren't deductible.

# **Income From Bonds**

When I bought \$5,000 worth of bonds in a tax-exempt educational institution, I assumed that the income would be tax-exempt. Now another doctor tells me it's fully taxable. Is he right?

Yes, he is. Certain religious and educational institutions do not have to pay taxes on their income. But any individual's income from their bonds is fully taxable. As a rule, only cities, states, and certain public authorities issue tax-exempt bonds.

# Infant's Income

At the birth of my first child last year, his grandparents made over a large amount of stock to him. What's the tax status of the dividends? Do I report them on my return? Do I file a return in the name of the child?

The dividends are considered Continued on page 110





# **OPTIMUM NUTRITION:** iding all the normal

requirements

Schulz, Jeannette &

# HELPING PREVENT IRON DEFICIENCY ANEMIA FOR A QUARTER OF A CENTURY: Baker's Modified MILK

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"torn" by a family conflict...



Trilafon. relieves anxiety and



allows the patient to function more effectively without flattening emotion or drive...without interfering with routine activities

for the anxiety and tension triggered by family conflict



# TAX QUESTIONS

income to your child. So don't report them on your own return. But if they amount to more than \$600, you must file a return in the baby's name. As with any taxpayer, he's entitled to one exemption for himself. Despite this, you can claim him as a dependent if you still provide more than half his support.

# Office Improvements

Last year, a doctor moved out of the office he'd occupied in the four-suite medical building I own. During his five years there he'd installed about \$2,000 worth of permanent improvements. Must I report an additional \$2,-000 income on my 1959 return?

No. Leasehold improvements simply increase the value of your property; they don't give you current income.

# **Lost Cash Receipts**

My secretary lost \$200 in cash receipts between the office and the bank. Isn't this just as deductible as the \$200 I might have lost in a stock market transaction?

Not in the eyes of the Internal

Revenue Service. Theft loss can be deducted if you can prove the property was stolen. But you can't get a deduction just by reporting that you've lost or mislaid something.

# Office Rent

I spent all of 1959 working for a clinic in New York City, and I may be here for some time to come. But I've continued to pay rent on my closed office in Boston so that I'd eventually be able to renew practice there. Now I've been told that the 1959 rent I paid on the Boston office isn't a deductible business expense. This doesn't seem right.

It may not seem right, but it's the view of the Internal Revenue Service. Because you weren't practicing in Boston during 1959, and are away from that city indefinitely, the I.R.S. says you can't meanwhile have incurred business expenses there.

# Tax-Free Dividends

During 1959 I got over \$500 in dividends from a company that reported a huge deficit for the Continued on page 114 controls

pain

congestion



infection

# **V-KOR**<sup>®</sup>...provides relief in respiratory infections

1. fights infection—V-Cillin K\* quickly produces higher levels of antibacterial activity than any other form of oral penicillin.

2. relieves congestion—Co-Pyronil™ affords rapid and prolonged antihistaminic action plus vasoconstriction.

3. reduces fever and pain — A.S.A.\* Compound provides analgesic and antipyretic action.

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SUPPLIED: In attractive green-white-yellow, three-layered tablets.

 $V ext{-}Kor^*$  (penicillin V potassium compound, Lilly) •  $V ext{-}Cillin K^*$  (penicillin V potassium, Lilly) •  $Co ext{-}Pyronill^*$  (pyrobutamine compound, Lilly) •  $A.S.A.^*$  Compound (acetylsalicylic acid and acetylsalicylin acetylsalicylin  $Coxt{-}Pyronill^*$ ).

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Like oil on troubled waters

# TABLETS . CAPSULES . ELIXIR . EXTENTABS

In each To Capsule of (5 cc.) of	t tsp. In
Hyoscyamine sulf	
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Prescribed by more physicians than any other antispasmodic



# DONNATAL



NATURAL BELLADONNA ALKALOIDS PLUS PHENOBARBITAL

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ABS

ans

### TAX QUESTIONS

year. My brother-in-law says this dividend payment is tax-free, since the company couldn't be paying it ou! of nonexistent current earnings. Is he right?

I doubt it. When the dividends are tax-free, the company paying them so notifies the stockholders. The payments you received were probably made from accumulated surplus earned in previous years. If so, they're fully taxable.

# Social Security Tax

Last year, I bought a downtown office building as an investment, but I continued my full-time practice of medicine. As a physician, I've never paid Social Security taxes on my medical income. But am I now considered a part-time real estate dealer—and thus required to pay the 334 per cent Social Security tax on my rental income?

No. Such an investment does not automatically make you a self-employed real estate dealer. But if you began buying and selling buildings with some regularity, you might eventually be operating a part-time realty business. In that event, you'd be subject to Social Security payments.

# **Boat Loss**

At the end of last summer I sold a boat that I'd bought only three months before and never used. I lost \$1,500 on it. May I deduct the loss on my tax return?

You can't deduct it if you bought the boat as a personal possession, even though you never used it as such. You could deduct the loss only if you'd bought the boat as an *investment*, hoping to make a profit on resale. But unless you're in the boat business, you'd have a hard time justifying such a deduction to a T-man.

# **Parking Problem**

I had to pay a \$15 parking fine for leaving my car in a restricted area during a house call. Since the fine was incurred in the course of business, may I include it among my professional deductions?

No. Fines aren't deductible no matter how you incur them. Your having been on a house call doesn't affect the case. END

# "R Day"

# for the neuritis patient can be tomorrow

"R Day"—when pain is relieved—can come early for patients with inflammatory (non-traumatic) neuritis if treatment with Protamide is started promptly after onset.

Protamide is the therapy of choice for either early or delayed treatment, but early use assures greatest efficacy.

For example, in a 4-year study<sup>1</sup> and a 26-month study<sup>2</sup> a combined total of 374 neuritis patients treated with Protamide during the first week of symptoms responded as follows:

60% required only 1 or 2 daily injections for complete relief

96% experienced excellent or good results with 5 or less injections

Thus, the neuritis patient's first visit—especially an early one—affords the opportunity to speed his personal "R Day."

Protamide is available at pharmacies and supply houses in boxes of ten 1.3 cc. ampuls. Intramuscularly only, one ampul daily.

# PROTAMIDE



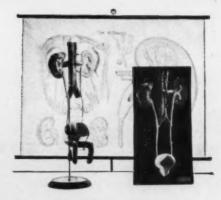
Sherman Laboratories

Detroit 11, Michigan

1. Lehrer, H. W., et al.: Northwest Med. 75:1249, 1955.

2. Smith. Richard T.: New York Med. 8:16, 1952

MEDICAL ECONOMICS · FEBRUARY 15, 1960 115



in genitourinary tract infections

6,800,000

courses of treatment\* and still negligible development of bacterial resistance with

# **FURADANTIN**

brand of nitrofurantoin

"... may be unique as a wide-spectrum antimicrobial agent that ... does not invoke resistant mutants."

Waisbren, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955.

Available as Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

\*Conservative estimate based on the clinical use of FURADANTIN Tablets and Oral Suspension since 1953.

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NITROFURANS—a unique class of antimicrobials—neither antibiotics nor sulfonamides

BATON LABORATORIES, NORWICH, NEW YORK



AY WORST BUSINESS MISTAKE

# Failing to Check References

EDITOR'S NOTE: This magazine recently asked some 200 doctors what each of them considered the worst business mistake he had ever made and what lesson, if any, he had learned from it. Here's another in a series of brief articles culled from the doctors' thought-provoking replies. Its author is a Tennessee surgeon.

In 1958, I hired a second aide. She'd spent two years at a well-known Midwestern university, had later worked in a feed laboratory, then had been employed as a secretary in a couple of out-of-state cities.

She seemed personable and well qualified. So, although she'd listed an uncle and a man in another city as references, I didn't bother to check with them. I simply hired her.

Soon afterward, I had reason

to regret my casual acceptance of my own judgment of the girl. During the next three months, she stole about \$450 from me.

She did it by taking cash payments from patients without giving them receipts. She would record their visits in our daily journal as unpaid and would pocket the money. Then, a few days later, she would mark their account cards as paid.

One time, however, she forgot Continued on page 120 in respiratory allergies...

unsurpassed for <u>total</u> corticosteroid benefits

# Aris

Substantiated by published reports of leading clinicians

 effective control of allergic and inflammatory symptoms<sup>1-8</sup>



 minimal disturbance of the patient's chemical and psychic balance<sup>1, 4, 5, 8-18</sup>

# Triamcinolone LEDERLE

At the recommended antiallergic and anti-inflammatory dosage levels ARISTOCORT means:

- · freedom from salt and water retention
- · virtual freedom from potassium depletion
- · negligible calcium depletion
- · euphoria and depression rare
- no voracious appetite no excessive weight gain
- · low incidence of peptic ulcer
- low incidence of osteoporosis with compression fracture

Precautions: With ARISTOCORT all traditional precautions to corticosteroid therapy should be observed. Dosage should always be carefully adjusted to the smallest amount which will suppress symptoms

After patients have been on steroids for prolonged periods, discontinuance must be carried out gradually over a period of as much as several weeks. Supplied: 1 mg. scored tablets (yellow) 2 mg. scored tablets (pink) 4 mg. scored tablets (white) 16 mg. scored tablets (white) Diacetate Parenteral (for intra-articular and intrasynovial injection).

Vials of 5 cc. (25 mg./cc.).

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IC

# FAILING TO CHECK REFERENCES

to doctor up some account cards, and a handful of patients were billed for services they'd given the new aide cash for. Two or three of these patients called me to inquire about the bills. So, on a day when the girl was out of the office, my other aide and I made a check. We quickly realized that a number of account cards had been tampered with.

I confronted her with the evidence of her theft. As soon as she confessed, I called in her mother and, in the presence of them both, threatened the girl with jail unless she refunded the money. I backed up my threat

by having my lawyer repeat it in letters to both the girl and her parents.

I got back my money. But I could have lost it and a lot more if things hadn't worked out as they did. Besides, it was a nasty experience.

I will never again hire anyone without checking all references. If listed references seem few or hard to contact, I'll make a point of checking with anyone else who may know the job applicant. If I had done so when I hired my embezzling aide, I'd have found that no one had anything good to say about her. END

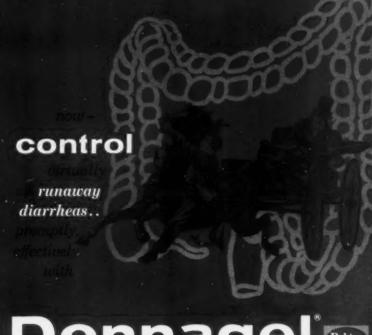
# ood night nurse!

I was fluoroscoping a seriously ill patient. "Now," I said, "I want you to lie flat on your back."

I heard no response or movement from the table. Since the room was blacked out, neither Miss Smith, my nurse, nor I could see the patient. Fearing he might have fainted, I spoke to him again. "Mr. Jones!" I said. "You don't answer. Are you all right?"

"Oh, sure," he replied. "I thought you were talking to the nurse." -ROBERT B. ENGLE, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.I.



# Donnagel with Neomycin

Prompt and more dependable control of virtually all diarrheas can be achieved with the comprehensive Donnagel formula, which provides adsorbent, demulcent, antispasmodic and sedative effects—with or without an antibiotic. Early re-establishment of normal bowel function is assured—for all ages, in all seasons.

# DONNAGEL: In each 30 cc. (1 fl. oz.):

Kaolin (90 gr.)	6.0	Gm.
Pectin (2 gr.)	142.8	mg.
Hyoscyamine sulfate	0.1037	mg.
Atropine sulfate	0.0194	mg.
Hyoscine hydrobromide	0.0065	mg.
Phenobarbital (1/4 gr.)	16.2	mg.

### DONNAGEL WITH NEOMYCIN

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Used in hospitals and doctors' offices for over fifty years as a local and general anesthetic through refrigeration or inhalation, Gebauer's Ethyl Chloride in the 100 gram metal tube is also an important element of the modern doctor's emergency kit. Unbreakable, leakproof, ready for instant use, its finger-tip control valve directs a spray or jet stream depending upon degree of anesthesia desired.

Ethyl Chloride is also available in the dispenseal amber bottle with its choice of three nozzle openings: fine, medium or coarse jet spray. Widely used as a local anesthetic for minor surgical procedures and the alleviation of needle pain during hypodermic injections, Gebauer's Ethyl Chloride is guaranteed to retain its purity and remain unchanged indefinitely. Gebauer Chemical Company, 9410 St. Catherine Ave., Cleveland 4, Ohio.

Makers of: FLURO-ETHYL TANNIC SPRAY



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# In Accident Cases, Ask for a Legal Report

If you provide a medical report, it's your privilege to expect the legal facts in return, suggests this attorney. They'll help you determine when and by whom you'll be paid

BY DANIEL N. FOX, J.D.

When you make a medical report on an accident case, you probably try to give a detailed description of your patient's condition. And you try to get the report to his law-

yers as fast as you can. You're expected to. The facts in your report provide the attorney with the ammunition he needs in order to get fair compensation for your patient.

Yet, after you've sent off a re-



port, you've probably sat back more than once and wondered when, if ever, you'd be paid. You needn't have. You could have asked for a "legal" report in return.

As an attorney, I provide doctors with such reports as a matter of routine. It's my experience that having this information on hand can save you a lot of unnecessary worry. Because the le-

Continued on page 126

THE AUTHOR, a member of the State Bar of California, is married to a Claremont (Calif.) physician.

# "Knock the sout of head-costuffiness

ro

Sniffles and stuffiness "take the count"-

# Naldec

The long-acting nasal decongestant with

Awake or asleep, your "cold patient" can be kept comfortably free of nasal dripping and congestion, watery eyes and stuffy head. These distressing symptoms are gently but effectively "knocked out" by long-acting Naldecon's therapeutic one-two:

"One"—a combination of 2 potent decongestants, to reduce mucosal swelling.

"Two"—a combination of 2 dependable antihistaminics, to relieve allergic symptoms.

Relief — within minutes — is easily maintained 'round-the-clock, through t.i.d. dosage of this unique nasal decongestant.



BRISTOL LABORATORIES INC. SYRACUSE, NEW YORK





round-the-clock-with

TABLE

the therapeutic "one-two"

# **NALDECON TABLETS**

Each long-acting NALDECON "tablet-within-a-tablet" contains:

Outer Layer (3 to 4 hours relief)	(additional 3 to 4 hours relief)	Tetal Centent (6 to 8 hours relief)
5 mg.	5 mg.	10 mg.
20 mg.	20 mg.	40 mg.
7.5 mg.	7.5 mg.	15 mg.
2.5 mg.	2.5 mg.	5 mg.
	(3 to 4 hours relief) 5 mg. 20 mg.	Outer Layer (additional 3 to 4 hours relief) 5 mg. 5 mg. 20 mg. 20 mg. 7.5 mg. 7.5 mg. 7.5 mg.

Dosage, Naidecon Tablets — Adults and children over 12: One tablet morning, afternoon and evening for 'round-the-clock relief. Children 6 to 12: One-half tablet morning, afternoon and evening.

# Also available - NALDECON SYRUP

Each teaspoonful (5 cc.) of NALDECON Syrup contains: phenylephrine HCl, 5 mg.; phenylpropanolamine HCl, 20 mg.; phenyltoloxamine citrate, 7.5 mg., and chlorpheniramine maleate, 2.5 mg.

Dosage, Naldecon Syrup — Adults and children over 12: One tsp. (5 cc.) every 3 or 4 hours. Children 6 to 12: One-half tsp. every 3 or 4 hours. Under 6: In proportion.

# Convenient and Effective ANTACID



# For Patients Away From Home

BiSoDoL Mints afford patients who work or are away from home—easily accessible yet prompt and effective relief from gastric hyperacidity. BiSoDoL Mints soothe irritated mucosa and exert prolonged diminution of gastric acidity without side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. A most convenient, non-systemic antacid. Free from sodium ion.

### COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



# ACCIDENT CASES

gal facts help decide whether or not the patient will be compensated for his injuries—and thus they may determine when and by whom you'll be paid. (I'm not implying that your payment should be contingent on the outcome of the case. But often, as you know, the patient's ability to pay may depend on it.)

Here's an example:

Recently, a client of mine was injured in a two-car collision while riding as a guest in an automobile the driver had borrowed. The driver of the other car was

# Amusing . . . Amazing . . . Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MED-ICAL ECONOMICS, Oradell, N.J.

# Back again

with renewed joint pain and stiffness... discouraged, worried, dissatisfied. Her morale alone demands a new approach.

# But what?



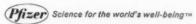
# This time...ATARAXOID

IN RHEUMATOID ARTHRITIS

Combines the established steroid, prednisolone (Sterane®) with tension-easing hydroxyzine HCl. When anxiety impedes clinical response, ATARAXOID offers superior control—often at lower steroid dosage and without unexpected side effects.

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ATARAXOID provides 10 mg. hydroxyzine HCl with various potencies of prednisolone per tablet: ATARAXOID 3.6 scored, green tablets, 5 mg. ATARAXOID 2.5 scored, blue tablets, 25 mg. ATARAXOID 1.6 scored, orchid tablets, 1 mg.



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

# ACCIDENT CASES

at fault. But both drivers were uninsured and quite poor.

When I visited the man who had lent his car, I discovered that occupants of his car were covered by automobile medical insurance, up to \$2,000 apiece. My client first learned of this when I told her what I'd found out. Now both she and her doctor know that the expensive plastic surgery she'll need to repair facial injuries will be paid for.

It's logical that the attorney should provide such information. Usually, when he's retained by an accident victim, he immediately arranges for a complete investigation of the case. This means, among other things, "checking out" people who were actually present and searching for insurance coverage that may be available to compensate his injured client.

The lawyer goes much further than a close questioning of his own client. He or his investigator locates and interviews everybody who might bear liability for the accident—even those who were miles away from the scene.

# I Dictate My Physical Exams

BY EARL L. LEWIS, M.D.

Many of us have found the dictating machine a great timesaver where professional correspondence is concerned. But I've hit on an even better way to get my money's worth out of the gadget: I let it record every history-taking session; and I also let it listen in to the physical

examination that usually follows.

A timesaver? Of course. But the recorded sessions are equally valuable from the standpoint of patient-relations. Since they've helped me in my practice (ophthalmology in Redondo Beach, Calif.), I feel certain that many

Continued on page 132

In doing so, I personally try to anticipate what particular facts among all the information I've gathered would be helpful to my client's doctor. As soon as my investigation is far enough along, I send him a "legal" report-a statement of my client's "legal condition" based upon what my files contain.

Normally, you're too busy at your main task of treatment to seek out information about your patient's potential financial resources. The medical profession can be proud of this fact. But

liagation may stretch out for many months or years, during which you get not one red cent for your services. You certainly can't be blamed for wanting to know whose duty it is to compensate the patient. Not if your compensation depends on someone else's responsibility.

So the next time you respond to an attorney's request for a medical report, ask him for a report. He'll understand that such an exchange of information is bound to benefit both you and his client. END





PATIENTS APPRECIATE knowing that Ophthalmologist Earl Lewis' observations are accurately recorded while being made, says the doctor. Here he uses dictating machine for examination and ordinary dictation.

NEW...EFFECTIVE
CONSERVATIVE
MANAGEMENT OF
MUSCULOSKELETAL
PAIN AND
INFLAMMATION

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"antidoloritic" therapy for

mild to moderate or early rheumatoid arthritis

painful inflammatory musculoskeletal conditions

maintenance or tapering-off therapy for those patients no longer requiring high steroid dosage.

DECAGESIC provides DECADRON—the most potent of the anti-inflammatory steroids—in low dosage, with aspirin, a widely-used and well-established analgesic, and with aluminum hydroxide for its antacid action to help alleviate gastric irritation that may be caused by aspirin.

DECAGESIC helps improve musculoskeletal function by relieving pain and inflammation. DECAGESIC permits lower steroid dosages without loss of improvement and consequently with fewer and less severe side effects. DECAGESIC raises the level of pain relief and provides conservative management of inflammatory symptoms. DECAGESIC exerts (by virtue of its DECADRON component) a "tonic" effect to improve the patient's appetite and sense of well-being.

Rapid and beneficial functional and antiinflammatory responses have marked therapy with
DECAGESIC in a variety of inflammatory conditions
such as: rheumatoid arthritis, including palindromic rheumatism, rheumatoid spondylitis, psoriatic arthritis, systemic manifestations of disseminated lupus erythematosus, periarteritis nodosa,
dermatomyositis, scleroderma, bursitis, synovitis,
tenosynovitis and other conditions in which maintenance therapy is indicated or in which the conjunctive use of a steroid and salicylate can be
beneficial.

†The term "antidoloritie" has been coined by Merck Sharp & Dohme to describe an agent designed to allay pain associated with inflammation—dolor=pain, itic= associated with inflammation.

DOSAGE: One or two tablets three or four times daily. The usual precautions of corticosteroid therapy should be observed, Additional information on DECAGESIC is available to physicians on request.

SUPPLIED: In bottles of 100. Each tablet contains 0.25 mg. of DECADRON, dexamethasone, 500 mg. of aspirin and 75 mg. of aluminum hydroxide (as the dried gel).

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COOM

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Decagesic.

### **DICTATED CASE NOTES**

other physicians would also be sold on the idea if they gave it a try. Here's my technique:

I place the dictating machine next to my examining chair. Then I explain to the patient that I like to dictate because it makes an accurate record of my observations on his complaint and history. I let him know he can put his own comments on the record as we go along. (The make of machine I own has a conference microphone and a flip-switch attachment for a two-way conversation. But other forms of re-

cording device can often be adjusted for the purpose.)

Then I talk with the patient and press the appropriate button whenever I feel that what's being said is worth recording. It's surprising how often this system persuades the patient to tell me significant but hitherto unmentioned facts.

Another advantage is that while I make my actual examination of the patient's eyes, dictation lets me tell him what I've found while I'm recording it.

Continued on page 138



For additional information write AIR-SHIELDS, INC., Hatboro, Pa., or phone collect: OSborne 5-5200.

AIR-SHIELDS. INC.

\*Trademark

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when seconds count ...

# AMBU\* to restore the breath of life

the AMBU Resuscitation and Suction Kit in respiratory emergencies

- · always ready for instant use
- · efficient and simple to operate
- · no time-wasting set up
- compact, portable
- no electricity or compressed gases required

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# brightens life for the aged

NIAMID gives the depressed elderly person a new sense of well-being. The family will notice a sunnier outlook, an alert interest in group activities, a renewed awareness of personal appearance, and a return of appetite. Your patient will be more cooperative and less demanding.

You can expect to see the same excellent response to NIAMID in a wide variety of depressive syndromes—acute or chronic, mild or severe, whether associated with long-standing or incurable illness, or masquerading as organic disease.

NIAMID side effects are infrequent and mild, and often lessened or eliminated by a reduction in dosage. Hypotensive effects have rarely been noted and no jaundice or other evidence of liver damage has been reported.

DOSAGE: Start with 75 mg. daily in single or divided doses, and adjust according to patient response. Many patients respond to NIAMID within a few days, others in 7 to 14 days. Some patients may require a longer period of therapy before response is noted. NIAMID is available as 25 mg. (pink) and 100 mg. (orange) scored tablets.

Already clinically proved in several thousand patients—

Complete references and a Professional Information Booklet giving detailed information on NIAMD are available on request from the Medical Department, Pfizer Laboratories, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

# NIAMID

the mood brightener in geriatrics

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The first synthetic penicillin available for general clinical use

FOR YOUR NEXT PATIENT WHERE PENICILLIN IS INDICATED .

SYNC

BLOOD LEVELS TWICE AS HIGH AS WITH POTASSIUM PENICILLIN V ORAL ROUTE
PROVIDES HIGHER
BLOOD LEVELS THAN
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PENICILLIN G

IMPROVED
ANTIBIOTIC
ACTION FROM
ISOMERIC
COMPLEMENTARITY





# CONSIDER THESE 6 IMPORTANT THERAPEUTIC BENEFITS OF

POTASSIUM PENICILLIN-152

ANTIBIOTIC ACTIVITY DIRECTLY PROPORTIONAL TO ORAL DOSE REDUCED RATE OF INACTIVATION BY STAPH PENICILLINASE MANY STAPH STRAINS MORE SENSITIVE TO SYNCILLIN IN VITRO







FOR HIGHLY EFFECTIVE THERAPY OF THE LARGE VARIETY OF INFECTIONS CAUSED BY SUSCEPTIBLE PATHOGENS...NEW

# SYNCI

Significance of complementary action of isomers in SYNCILLIN The antibiotic effect of the clinically available mixture, SYNCILLIN, is greater than that of either of its two component isomers alone against many important pathogens, including some penicillin-resistant staphylococci. This phenomenon has been described as Isomeric Complementarity.

Significance of higher blood levels with SYNCILLIN

Higher blood levels may be of value with organisms of only moderate penicillin sensitivity where doubling the blood concentration may be essential for effective bactericidal action. In addition, these higher levels may be necessary where there is infection in areas with a poor blood supply. A higher blood concentration may then provide the increased diffusion pressure required to deliver adequate amounts to the tissue.

Efficacy of SYNCILLIX against staphylococci and other resistant organisms Studies have shown that SYNCILLIN is effective in vitro against 60 to 75% of hospital "staph" strains, while penicillin G and penicillin V are now effective against only 30 to 50%. 1.2 Therefore, if clinical judgment indicates the use of penicillin, SYNCILLIN would be expected to be the most effective. Since some strains are still resistant to SYNCILLIN as well as to other penicillins, cultures and sensitivity tests should be made where indicated by clinical judgment.

Syncidia 250 mg. In #12 Sig: Tab. J T.I.D. There have recently been reports of decreased efficacy of penicillin in streptocoscal<sup>3</sup> and gonococcal<sup>4</sup>. <sup>3</sup> infections. The emergence of penicillin-resistant gonococci appears to be associated with an increase in the incidence of gonorrhea all over the world. When a less sensitive strain is encountered the higher blood levels produced by SYNCILLIN may be most helpful.

# LLIN

Relation of intermittent high blood levels of SYNCILLIN to antihaeterial efficary

SYNCILLIN is bactericidal. Periodic high blood concentrations are sufficient to permit complete eradication of sensitive pathogens. Continuous high blood levels are not required with SYNCILLIN. According to Eagle,7 "Soon after penicillin attains effective concentrations, the bacteria cease multiplying; and the bacteriostatic effect persists for a number of hours after penicillin has fallen to concentrations that are wholly ineffective. ... The therapeutic significance of this postpenicillin recovery period is enhanced by the fact that the recovering bacteria, damaged but not killed by the previous exposure to penicillin, are abnormally susceptible to the host defenses. In consequence, the bactericidal process in vivo continues for many hours after the drug itself has fallen to ineffective concentrations."

Reduced rate of inactivation of SYNCILLIN by staph nenicillinase Bacterial resistance to penicillin is attributed to penicillin-inactivating enzymes. SYNCILLIN is less affected by staphylococcal penicillinase than either of its component isomers. Also SYNCILLIN is less inactivated by this enzyme than penicillin V and penicillin G. Penicillinase from B. cereus likewise inactivates SYNCILLIN less rapidly than penicillins V and G. This would not impede the use of this penicillinase in allergic reactions. The massive dosage with which this enzyme is administered would effectively destroy SYNCILLIN.

References: 1. Wright, W. W.: Microbiology Report to Bristol Laboratories Inc. 2. Kligman, A.: Morigi, E. M. E.; Wheatley, W. B., and Albright, H.: Paper presented at the Seventh Antibiotic Symposium, November 4-6, Washington, D.C. 3. Editorial: New England J. Med. 261:305 (Aug. 6) 1939. 4. King, A.: Lancet 1: 631 (March 29) 1938. 5. Epstein, E.: J.A.M.A. 169:1055 (March 7) 1959. 6. Kans, E. H.: Am. J. Med. 18:764 (May) 1955. 7. Eagle, H.: J. Bact. 58:475, 1949.

Indications: Infections caused by pneumococci, streptococci, gonococci, corynebacteria, penicillin-sensitive staphylococci, as well as certain strains of staphylococci resistant toother penicillins. SYNCILLIN, like other oral penicillins, is not recommended at the present time in deep-seated or chronic infections, subacute bacterial endocarditis, eningitis, or syphilis. Dosage: 125 mg. or 250 mg. t.i.d., depending on the severity of infection. Larger doses (e.g., 500) mg. t.i.d.) may be used for more severe infections. SYNCILLIN may be administered without regard to meals. Beta hemolytic streptococcal infections should be treated with synculus for at least ten days. Precautions: At the present time it is not possible to draw definite conclusions regarding the incidence of allergenicity to SYNCILLIN or its cross allergenicity with natural penicillins. Therefore, the usual precautions for oral penicillin therapy should always be observed. Patients with histories of asthma, hay fever, urticaria, or previous reactions to penicillin should be watched with special care. Administration of oral penicillin, in rare instances, may provoke acute anaphylaxis, particularly in penicillinsensitive individuals. If diarrhea occurs, lengthen the interval between dosages. If superinfection occurs during therapy, appropriate measures should be taken. Since some strains of staphylococci are resistant to avacuum as well as to other penicillins, cultures and sensitivity tests should be performed where indicated by clinical judgment. As is true with all antibiotics, clinical response does not always correlate with laboratory bacterial sensitivity reports. Supply: 125 and 250 mg. tablets, bottles of 25 and 100, 125 mg. powder for oral solution, 60 ml. vials.



BRISTOL LAPORATORIES, Division of Bristol-Myers Company, SYRAGUSE, NEW YORK

## DICTATED CASE NOTES

Many of my observations would never strike home so effectively if I had to explain them later.

For example, I think it's important in doing an ophthalmoscopic examination to point out that there's no evidence of intraocular tumor or cataract, that the intraocular test for glaucoma is normal, and that the intraocular pressure is normal at so many mm. of mercury—when, that is, the facts warrant such observations.

Naturally, an occasional finding may be too disturbing to state frankly. But in general—in my specialty, at least—the truth needn't be sugar-coated. Even when a disturbing condition is



present, I believe it's usually wise to let the patient know. Dictation provides an effective way to do so.

I've found that patients usually feel that a "dictated" examination is more thorough than the traditional variety. They listen intently when, at the end of the examination, I dictate the words, "In summary . . ." They're all ears while I sum up the case both for the patient's benefit and for my records.

## **Better Records Faster**

Thus, I don't have to do any writing except on a prescription blank. Yet I have a complete and concise record—one that can easily be photostated for insurance purposes. I figure that the dictating method saves me two hours a day on my medical records. Its value in building up goodwill can't even be estimated.

There's an old Chinese proverb that goes: "The palest ink is better than the most retentive memory." Let me restate it in modern terms: "The poorest recorder is better than the most retentive memory."

now all-day, all-night relief of nasal congestion with a single capsule q12h

## NEW

# ORNADE SPANSULE

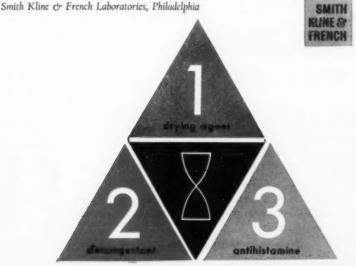
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brand of sustained release capsules

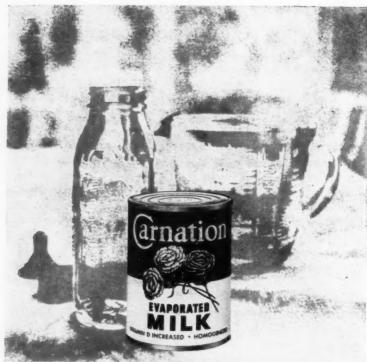
a unique new formula containing a special drying agent, a decongestant and an antibistamine

▲ The special drying agent, isopropamide iodide, reduces excessive weeping, nasal and paranasal secretions. ▲ The decongestant, phenylpropanolamine, reduces vascular engorgement and permits blocked sinus cavities to drain, ▲ The antihistamine, Teldrin\* (brand of chlorprophenpyridamine maleate), reduces sneezing, rhinorrhea and itching of the eyes.

One 'Ornade' Spansule capsule in the morning provides daylong, uninterrupted relief. And a single 'Ornade' Spansule capsule at bedtime usually enables the patient to sleep in comfort and wake up with airways free and uncongested.



MEDICAL ECONOMICS · FEBRUARY 15, 1960 13



"from Contented Cows"

## World's leader by far for infant feeding

86% of pediatricians prefer the evaporated milk formula. And more babies have been brought up on formulas made with Carnation Evaporated Milk than any other brand.

NOW IN NEW READY-PREPARED FORM TOO! Carnalac is Carnation Evaporated Milk with its added Vitamin D, plus carbohydrate.\* Mother simply adds water in the amount you recommend, and a balanced formula is assured.



\*Natural lactose from the milk, and maltose-dextrin syrup

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# How to SPECULATE SUCCESSFULLY

Set aside an 'experience fund' of perhaps \$5,000, Securities Analyst G. M. Loeb suggests, and then aim at doubling it with the help of these rules

Believe it or not, some people almost always make money in the stock market. I think that most of these people profit because their goal is speculative.

When you speculate, you're buying and selling stocks with the sole idea of making a big capital gain out of fluctuations in their market value. You need experience to do that successfully. New investors very often lose a great deal of money before they realize this.

But the only way to begin is to learn by doing. And you can get the necessary experience without risking more than 10 per cent of your available funds. Your initial "experience fund" should be quite small; \$5,000 is a useful amount.

This period of learning by trial and error is obviously going to take time. In fact, it will take time daily from your regular pursuits. In many cases, however,

Continued on page 144

THIS ARTICLE approximates portions of G. M. Loeb's best-selling book "The Battle for Investment Survival," published by Simon and Schuster, Inc. The author is a partner of the brokerage firm E. F. Hutton & Co.

treat the "common cold plus

# MADRICIDIN

## prompt symptomatic relief plus defense against secondary invaders.

## provides Wend through eithic selfings

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## SUCCESSFUL SPECULATING

you will earn far more in the time thus applied than would be possible in the same amount of time spent at your regular occupation.

How do you speculate intelligently? Here are some rules that hold-a few of them quite different from the investment rules you've heard before:

## 1. Aim high; aim at doubling your money in six to eighteen months.

Every purchase must be considered almost solely on the basis of what it will return in income and appreciation added together and treated as one. Looked at in this light, \$1,000 invested in a stock with an assured dividend of, say, \$50 a year but not likely to advance more than a point or two in the coming twelve months suggests an expected profit-return of \$60 or \$70. The same \$1,000 invested in another issue paying no dividend but likely to double in price would promise a profit-return of \$1,000.

It is absolutely futile to try to get results except by buying into anticipated large gains. It is far better to let cash lie idle than to

buy just to "keep invested" or for "income." Your speculations must be aimed at obtaining a sufficient profit to offset the average losses caused by the inevitable personal errors of judgment, the effects of currency depreciation and taxation, and other factors you can't control.

You can be far from achieving your goal of doubling your money in six to eighteen months and still make a great deal. But if you start out just to get "income," the slightest miscalculation puts you in the red.

## 2. Buy only fast-trading market leaders that are moving in the right direction.



Limit yourself to stocks that are quoted daily and can be bought and sold in an auction market daily. The greater their

Continued on page 149



in acute cardiac arrhythmias

# VISTARIL

can restore normal sinus rhythm...sometimes within minutes

The gentle tranquilizing effect of VISTARIL dispels fear and anxiety and rapidly reassures cardiac arrhythmia patients.

In addition, VISTARIL appears to act directly on the myocardium. Normal sinus rhythm is frequently restored and maintained.

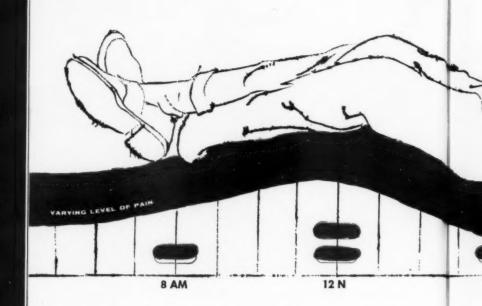
Therapeutically, VISTARIL is particularly effective in arrhythmias of sudden onset.

Prophylactically, VISTARIL may decrease or entirely prevent the number of attacks of paroxysmal auricular tachycardia or fibrillation.

Further information is available from the Medical Department on request,

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PFIZER LABORATORIES, Div., Chas. Pfizer & Co., Inc., Brooklyn 6, New York



## keep all patients\* pain-free at all times

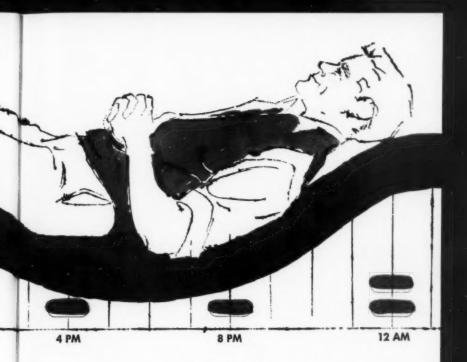
- · with the proper potency to match pain intensity
- · with dosage flexibility to match pain variations

# Phenaphen Codeine

\*except those for whom recourse to morphine is mescapable.



A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA Ethical Pharmaceuticals of Merit since 1878



Phenaphen and Phenaphen with Codeine provide a wide range of analgesia, plus complete dosage flexibility, to match varying pain requirements.

Yours to prescribe:

The right dose of the right potency at the right time.

## Phenaphen

Basic non-narcotic formula

For mild to moderate pain

Each capsule contains:

Acetylsalicylic acid (2)	½ gr.)162.0	mg.
Phenacetin (3 gr.)	194.0	mg
Phenobarbital (¼ gr.)		mg.
Hyoscyamine sulfate	0.031	mg.

## Phenaphen No. 2

Phenaphen with Codeine Phosphate 1/4 gr. (16.2 mg.)

For moderate to severe pain

## Phenaphen No. 3

Phenaphen with Codeine Phosphate 1/2 gr. (32.4 mg.)

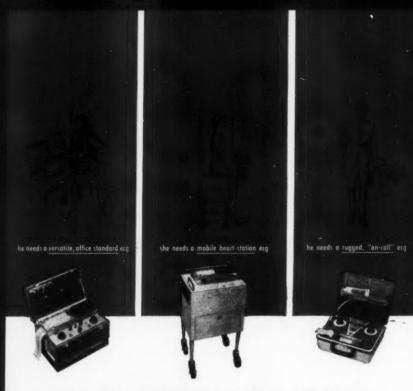
For severe or stubborn pain

## Phenaphen No. 4

Phenaphen with Codeine Phosphate 1 gr. (64.8 mg.)

For stubborn or intense pain—to obviate or postpone use of morphine or addicting synthetic narcotics

DOSAGE: One or two capsules as required.



## only SANBORN makes all three

To the physician whose practice requires an "office standard" electrocardiograph of wide clinical usefulness, an instrument with such diagnostic advantages as two speeds, three recording sensitivities and provision for recording other phenomena will prove most logical. To the hospital nurse who must continually bring an electrocardiograph to the patient's bedside, no instrument is quite so useful as the completely self-contained, mobile one that can be effortlessly rolled in and out of elevators, up and down ramps and corridors. And to the doctor who must have an ECG that he can pick up and take on house calls, no instru-

ment is useful unless it is truly portable—and completely dependable trip after trip.

To each of these people, Sanborn offers a modern instrument designed with his particular needs in mind: the 2-speed "office standard" Model 100 Viso-Cardiette . . . its mobile counterpart, the Model 100M Mobile Viso-Cardiette . . . and the 18-pound Model 300 Visette. Only Sanborn makes all three.

Descriptive Literature and Prices on request, from your Sanborn Branch Office, Service Agency or the Main Office.



MEDICAL DIVISION, 175 Wyman St., Waltham 54, Massachusetts

volume of trading and the broader their market, the closer to a fair price those securities are likely to be.

I generally favor issues selling at high prices per share. They are more apt to be in the rapidmover stage. They are likely to have a better-grade following.

Then, too, following trends is easier than trying to call turns in them. You're better off to buy into an advancing situation at a seemingly high price than to attempt to discover when a declining situation will stop declining and turn upward.

There's no such thing as a final answer to security values. A dozen experts will arrive at twelve different conclusions. So the decision of what and when to buy is best made on a personal basis, using all the yardsticks available to you. But the stock finally selected should be an active market leader; and it should already be advancing in price.

## 3. If the stock you've bought continues to advance, buy some more of it.

Let's say you've bought 100

shares of U.S. Steel. It advances as you anticipated. So you buy 200 more. It still goes well, so you buy another lot. And so on. First thing you know, if it's good, you're long a big line of the right stock with a small initial risk.

This is called "pyramiding," or following up profits. It's a basic part of successful speculating. It helps ensure your having a greater amount of the stock that proves to be your best selection-and giving it the time to advance more.

## 4. If the stock you've bought declines, sell out.

This is the other basic part of successful speculating. It is also the action that most people know the least about and that they're least liable to execute. I've been studying investments, giving investment advice, and actually investing since 1921. The most important single thing I've learned is that accepting losses promptly is the first key to success.

Let's say you think Bethlehem Steel is going up. You buy 100 shares. It doesn't go up when it

Continued on page 152

NOW ... SAFER, EFFECTIVE TRANQUILIZER THERAPY

tranquilization

anti-emetic

greater specificity
of tranquilizing action
—divorced from such
"diffuse" effects as
anti-emetic action
—explains why

Mellaril

15 virtually free of such toxic effects 35

"Thioridazine MELLARIL is as effective as the best available phenotiliazine but with appreciably less toxic effects than those demonstrated with other phenothiazines. This drug appears to represent a major addition to the safe and effective treatment of a wide range of psychological disturbances seen daily in the chines or by the general practitioner."\*

greater specificity of tranquilizing action results in fewer side effects

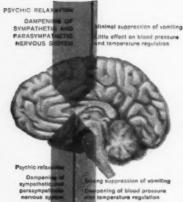
The presence of a thiomethyl radical (S-CH<sub>4</sub>) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:

1 A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.



- 2 Less "spill-over" action to other brain areas - hence, absence of undue sedation, drowsiness or autonomic disturbances.
- 3 A notable absence of extrapyramidal stimulation.
- 4 Lack of impairment of patient's normal drive and energy.
- 5 Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.

### MELLARIL



other phenothiazine-type tranquilizers

Indication	Usual Starting Dese	Total Dally Desage Range
ADULTS: Mental and Emotional Disturbances:		
MILD-where anxiety, apprehension and tension		
are present	10 mg. t. i. d.	20-60 mg.
MODERATE - where agitation exists in psychoneuroses,		
alcoholism, intractable pain, senility, etc.	25 mg. t. i. d.	50-200 mg.
SEVERE – In agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t. i. d.	200-400 mg.
Hospitalized	100 mg. t. i. d.	200-800 mg.
CHILDREN: BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t. l. d.	20-40 mg.

## Mellaril Tablets, 10 mg., 25 mg., 100 mg.





## SUCCESSFUL SPECULATING

should; or worse, it goes down. You sell out. The loss can be charged to insurance, or experience, or as the necessary cost of getting started right. It's spilt milk and not worth crying over.

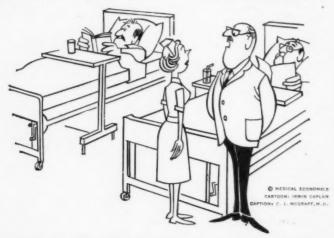
Cutting losses is the one and only rule of the markets that can be taught with the assurance that it's always the correct thing to do. When a new investment has shrunk by 10 per cent, I think it usually ought to be sold out and the loss taken.

What about a stock that goes up and shows a big paper profit and then begins to decline? If the stock shrinks 10 per cent from its top quotation, think of selling out. There's no rule against buying back in if it starts up again.

## 5. Sell at least 10 per cent of your holdings every year.

Almost regardless of the account, I'd sell 10 per cent of it every year. I say 10 per cent, but maybe it ought to be 20 per cent or more.

What I mean is that you should aim to keep your account fresh Continued on page 156



"Just remember, Miss Johansson: The next time he yells 'Duck!' he's not getting ready to throw something."



the clock strikes 2
and your ulcer patient
sleeps undisturbed

# daricon

2 tablets daily-'round-the-clock relief from ulcer and other GI disorders.

Additional information is available on request from the Medical Department, Pfizer Laboratories, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, New York (Pfizer Science for the world's well-being).



# HOW TO GET MORE

IF YOU WANT TO FIND ...

the brand name of a drug

the manufacturer's name

essential product information; composition, action & uses, administration, dosage, precautions, contraindications, how supplied, literature available

a drug with a particular pharmacological action

a drug with a particular major ingredient

a drug with a particular therapeutic indication

generic name of a brand name drug

# OUT OF YOUR 1960 PDR

AND YOU ALREADY KNOW	HERE'S WHERE TO LOOK
the manufacturer's name	Pink Section, Part II: Alphabeti- cal Index by Manufacturers.
its generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section, Part I: Alphabeti- cal Index by Brand Names*
the drug's generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section. Part I: Alphabeti- cal Index by Brand Names*
the pharmacological action	Yellow Section: Drug, Chemical, and Pharmacological Index*
the major ingredient	Yellow Section: Drug, Chemical, and Pharmacological Index*
the therapeutic indication	Blue Section: Therapeutic Indi- cations Index*
the drug's brand name	Pink Section: Part I, Brand name index. Generic name will be found under "Composition" in White Section.

<sup>°</sup>In the Pink, Yellow, and Blue Sections, the page number following the drug name refers to the page in the White Section where the drug is comprehensively described. If no page number is listed, the drug is not described in the White Section.

and growing and in the live issues of the day-not in a lot of frozen back numbers. About the best way to do this is to sell a portion every year, more or less automatically.

6. Don't worry about diversification; buy one, two, three, or four stocks-and no more.



I can see no point to a diversified distribution of so much in oils, so much in motors, so much in rails, etc. Diversification of this type is only hedging-a method of averaging errors or covering up lack of judgment. The cost of buying and selling is higher if diversification forces odd-lot buying. And keeping posted on a broad list is much more difficult than keeping posted on a few very select shares.

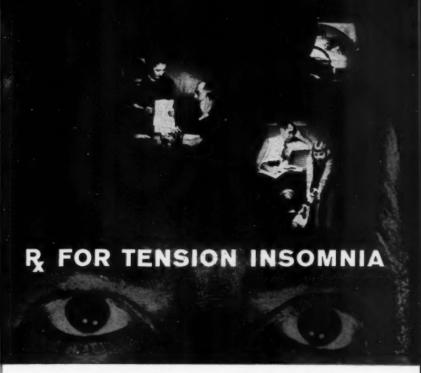
The intelligent way to handle capital is to concentrate. If things are not clear, do nothing. When something good comes up, follow it to the limit, subject to the methods described above.

Always start with a large cash reserve. Next, begin in one issue in a small way. If it doesn't develop, close out and get back to cash. But if it develops as expected, enlarge your position in this one issue. After, but not before, it has safely drawn away from your highest purchase price, consider a second issue.

But under no circumstances buy more than three or four. Concentration of investments in a minimum of stocks ensures your having enough time to know every important detail about each choice.

The only way to find out if you're capable of speculating successfully is to try it. After experimenting along these lines, you may convince yourself that you're not cut out for it. A great deal has been gained if you determine that you're not a speculator, once and for all.

But the chances are, if you follow the above rules, you'll have more tangible gains.



## Two MEPROTABS before retiring

- · insure restful, uninterrupted sleep
- insure alert awakening
- insure a tranquil mind and relaxed body

MEPROTABS are 400 mg. meprobamate tablets, coated, white, and unmarked, to make name and type of medication unidentifiable to your patient. Meprotabs are pleasant tasting and easy to swallow.

# Meprotabs

contains the original meprobamate, discovered and introduced by



WALLACE LABORATORIES, New Brunswick, N. J.

\*TRADE-MARK

CHT-9300-79

## **Robins**

PROP



## helps remove the cause of cough

Glyceryl guaiacolate (Robitussin) exerts "the most intense and prolonged" expectorant action "of practically all drugs presently used clinically as expectorants." 2

It greatly increases the secretion of respiratory tract fluid,  $^2$  which makes sputum less viscid and easier to raise,  $^2$  · 4 makes tracheal and

bronchial cilia more efficient, 3.5 and acts as a demulcent. 1-3.6

Thus Robitussin increases the probability that a cough will achieve its natural purpose—i.e., to remove irritants such as exudates and mucus from the respiratory tract. 1,4,5

**references:** 1. Blanchard, K., and Ford, R. A., J.-Lancet, 74:433, 1954. 2. Cass, L. J., and Frederik, W. S., Am. Pract. Dig. Treat., 2:844, 1951. 3. Hayes, E. W., and Jacobs, L. S., Dis. Chest, 30:441, 1956. 4. Blanchard, K., and Ford, R. A., Clin. Med., 3:961, 1956. 5. Blanchard, K., and Ford, R. A., Rocky Mt. M. J., 52:278, 1955. 6. Boyd, E. M., et al., Can. M. Assoc. J., 54:216, 1946.

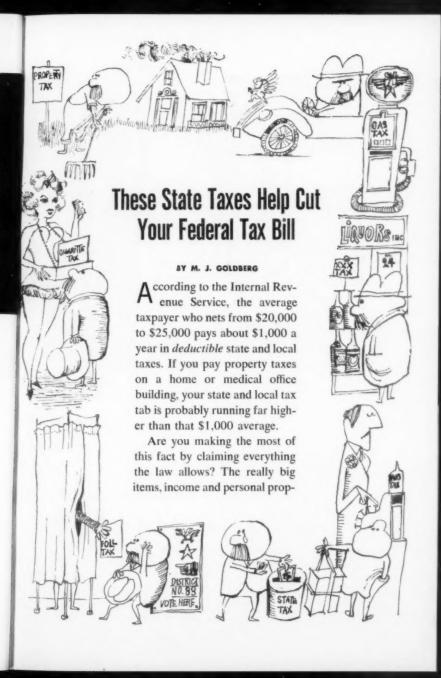
# Robitussin®

Glyceryl guaiacolate, 100 mg. in each 5 cc. teaspoonful

# Robitussin®A-C

acolate 100 mg., prophenpyridamine maleate 7.5 mg., and codeine phosphate 10 mg. in each 5 cc. tsp. Exempt narcotic.

A. H. ROBINS COMPANY, INC., RICHMOND 20, VA.





"... which antacid? Rorer's Maalox. Excellent results, no constipation plus a pleasant taste that patients like."

Maalox® an efficient antacid suspension of magnesium-aluminum hydroxide gel offered in bottles of 12 fluidounces.

TABLET MAALOX: 0.4 Gram (equivalent to one teaspoonful), Bottles of 100.

Tablet Maalox No. 2: 0.8 Gram, double strength (equivalent to two teaspoonfuls), Bottles of 50 and 250.

Samples on request.

WILLIAM H. RORER, INC., Philadelphia 44, Pennsylvania

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erty taxes, are easy enough to establish through records and canceled checks. But it's harder to calculate how much cash you paid out last year in non-Federal sales, gasoline, and "nuisance" taxes.

The chart at the end of this article will help you make such computations. It doesn't attempt to list the many forms of local tax imposed in various areas. But it does list most of the deductible taxes that are being imposed by the fifty states and the District of Columbia.

Note, however, that except in the case of sales and gas taxes, the tax rates vary too greatly to be summarized. For further specific information, consult your local tax collector, or check with your tax adviser.

Here are some questions that are commonly asked about the deductibility of local taxes. The answers may help you put the chart to the best possible use:

Are there any state or local taxes that may not be claimed on your Federal tax return?

Yes. State death and gift taxes

when you prescribe a cough syrup remember some work fast Calcidrine® does

some have formulas that hit all parts of a cough Calcidrine does

some do the job with just a small dose Calcidrine does some taste good

Calcidrine does

ABBOTT

## STATE TAXES

aren't deductible, for instance. Most other state or local taxes can be claimed if they meet three basic requirements:

- 1. They're actually taxes. For example, state or municipal charges for parking, hunting or fishing licenses or for garbage collection aren't taxes; they're bills for specific services. And a water "tax" isn't a tax, in spite of its name. All such charges are considered nondeductible personal expenses.
- 2. They're imposed on you. Taxes levied on a wholesaler,

distributor, or manufacturer are not. So, although they may be passed on to you in higher costs, they can't be deducted. Thus, cigarette and liquor taxes in most states can't be claimed. In the few states that slap such taxes directly on the consumer, however, you should certainly take the deduction.

3. They're paid by you. If anyone pays them for you, you can't take the deduction. For example, you lose it if your wife pays the tax on a home that's in your name. Nor can she claim a

when you consider cough syrups remember some bring quick relief Calcidrine\* can some hit every part of a cough Calcidrine can some do the work with just a small dose Calcidrine can some make the treatment have a good taste Calcidrine can

deduction if she files a separate return, because the tax isn't levied on her. If the two of you file together, you're permitted to claim it on your joint return.

So guard against paying taxes for other people unless you're willing to have such payment considered an outright gift. If you pay the tax on your father's home, you can't deduct it. You can deduct only taxes levied on you that you have paid.

If you use your car partly or entirely in your profession, how should you enter the various automobile taxes—gas tax, cost of driver's license, and registration fee—on your return?

If you use the car only for professional purposes, just lump the taxes in with other operating costs and deduct them as a business expense. (If the car were a pleasure vehicle, you'd claim the taxes where you itemize your personal deductions, of course.)

On the other hand, if you claim, say, only 50 per cent of your total car expenses as a professional deduction, remember to take the remaining 50 per cent

when you think of cough syrups remember some work fast Calcidrine will some treat every phase of a cough Calcidrine will some bring relief with only a small dose Calcidrine will some make treatment taste good, too Calcidrine will each 30 ml. (1 H.oz.) of Calcidrine Syrup represents: Onlydrocodeinone Bitartrate Nombutal Sodium. 25 mg. Calcium lodide, anhydrous. 910 mg.

## STATE TAXES

of the *taxes* included in them as a personal income tax deduction.

How can you figure up the gas, sales, and other taxes you paid out in driblets during 1959?

If you kept a record of each payment, all you have to do is add up the totals. But the Government realizes it's difficult to keep such a record. So you're permitted to make reasonable estimates of the taxes you've paid. The emphasis here is on the word "reasonable."

One way to arrive at a sales tax figure is to estimate what part

of your income you spent on taxed items; then multiply that by the sales tax rate. For instance, suppose your after-tax income is \$18,000. If you think you spent around a third of it for goods subject to a state or city 3 per cent sales tax, you could properly deduct \$180 as your estimate of the sales taxes you paid.

You can estimate other state and local taxes in the same manner. Base the gas tax you paid on your mileage, the admissions tax on the number of times a year

Continued on page 168



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ANEMIA? how you can have on-the-spot, laboratory-accurate hemoglobin determinations to confirm your clinical diagnosis...and check the effectiveness of progressive treatments.



AO Hb METER! You or your nurse can make hemoglobin determinations in less time than it takes to make an oral temperature reading. Pocket size...use it at hospital, office or bedside. Used by doctors over four million times last year. Ask your Surgical Supply dealer for a demonstration or write:

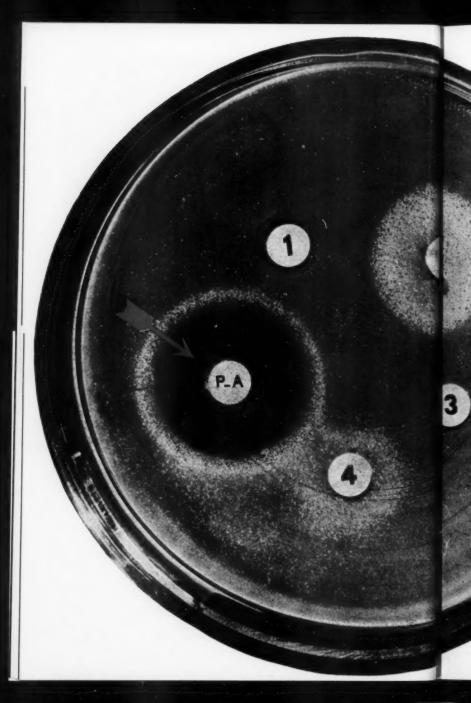
Am	erican	Optical
	Compa	

BPEMELR

INSTRUMENT BIVISION, SUFFALO 15, NEW YORK

Dept. B 126 AO Hb Meter. Please send me			,
Name		tormation of	tne
Address			
City	Zone_	State	_

MEDICAL ECONOMICS · FEBRUARY 15, 1960 16





This is Panalba performance in bronchitis

... into a mixed culture of the four organisms commonly involved in bronchitis... Str. hemolyticus, D. pneumoniae, H. influenzae and Staph. aureus (in this case a resistant strain)... we introduce the five most frequently used antibiotics.

Twenty-four hours later (in this greatly enlarged photograph), note that only one of the five leading and the organisms, including the resistant staph! This is Panalba.

In your next patient with bronchitis . . . in all your patients with potentially-serious infections . . . provide this extra protection with your prescription:

# Panalba\*

(Panmycin\* Phosphate plus Albamycin\*)

The broad-spectrum antibiotic of first resort

Dosage—1 or 2 capsules
3 or 4 times a day.
Supplied—Capsules containing
Panmycin phosphate equivalent
to 250 mg. tetracycline
hydrochloride, and 125 mg.
Albamycin as
novobiocin sodium,
in bottles of 16 and 100.
Now available: new Panalba
Half-Strength Capsules in
bottles of 16 and 100.



## STATE TAXES

you generally attend the theatre, the cigarette tax (in the states where you pay it) on your average daily consumption.

But don't simply estimate your local income and property taxes. Nothing is more likely to trigger an audit than an entry reading "Local property taxes, \$500." The I.R.S. knows that records of such taxes are easily available; it's bound to be suspicious of neatly rounded figures.

Can you deduct a special as-

sessment for local property improvement?

Not if it tended to increase the value of your property. Thus, you can't claim a special assessment made to help defray the cost of paving a road to your house. But if the road was already paved and the assessment was merely to help cover the cost of repairing or maintaining it, you can take a deduction.

There's one big exception to Continued on page 172

## **DEDUCTIONS FOR FEDERAL TAXES?**

In general, as you doubtless know, you may not deduct for Federal taxes on your U.S. income tax return. But there are exceptions where such taxes have been imposed on you in the course of your practice. For example:

The Federal tax on your professional phone calls can be deducted as a business expense. (It can't be claimed on personal calls.) Similarly, you can claim other Federal excise taxes on such things as transportation, communications, luxury items, entertainment, admissions, and club dues whenever you can legitimately claim the expenditures as practice-connected.

You can deduct the Social Security and Federal unemployment taxes you pay for your office employes, but not for domestic servants. You may not deduct Federal taxes on such business but nonmedical transactions as the transfer of real estate and securities. Instead, you can show these taxes as an expense in figuring your capital gain or loss on a given transaction.



## V-CILLIN K\* produces high levels of antibacterial activity

Infections resolve rapidly with V-Cillin K. All patients absorb this oral penicillin and show therapeutic blood levels with recommended doses. The high levels of antibacterial activity achieved by V-Cillin K offer greater assurance of bactericidal concentration in the tissues—a more dependable clinical response.

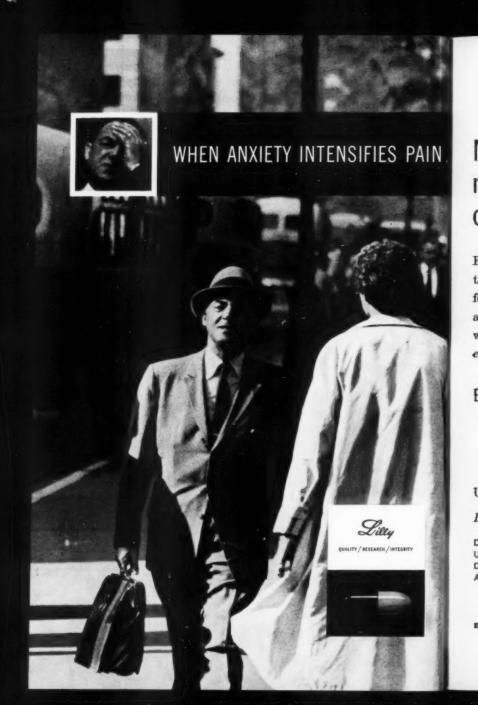
Dosage: 125 or 250 mg. three times daily.

Supplied: In scored tablets of 125 and 250 mg. (200,000 and 400,000 units). Also available

V-Cillin K, Pediatric: A taste treat for young patients.

Each 5-cc. teaspoonful provides 125 mg, V-Cillin K. In bottles of 40 and 80 cc, V-Cillin K $^{\circ}$  (penicillin V potassium, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.



XUM

# NEW Darvo-Tran™ relieves pain more effectively than the analgesic components alone

Effective analgesia plus safe relief of mild anxiety helps combat the pain-anxiety spiral. Darvo-Tran adds the tranquilizing effects of Ultran® to the established analgesic advantages of Darvon® and A.S.A.®. Clinical and pharmacologic studies have shown that when pain is accompanied by anxiety, the addition of Ultran enhances and prolongs the analgesic effects of Darvon.

## Each Pulvule® Darvo-Tran provides:

Darvon . . . 32 mg. TO RAISE PAIN THRESHOLD Ultran . . . 150 mg. TO RELIEVE ANXIETY

Usual dosage: 1 or 2 Pulvules three or four times daily.

Darvo-Tran does not require a narcotic prescription.

Darvo-Tran™ (dextro propoxyphene and acetylsalicylic acid with phenaglycodol, Lilly) Ultran® (phenaglycodol, Lilly) Darvon® (dextro propoxyphene hydrochloride, Lilly) A.S.A. (acetylsalicylic acid, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

## STATE TAXES

this rule. You can deduct for an assessment that improves your property if the assessment is applied at a uniform rate at least county-wide, and if at least 1,-000 people are subject to the tax.

Should deductions be taken for the year when state and local taxes were levied or for the year when they were paid?

You claim them for the year when they were *paid*. So if you received your 1959 property-tax bill in December but have just got around to paying it, you can't deduct the amount on your 1959

return. You'll have to hold off until you file your 1960 return.

It's a different matter when you pay your property tax to a bank along with interest and principal repayments, as you may have done under a mortgage arrangement. Even though the bank holds the tax money in escrow and turns it over to your city later on, you can consider the tax paid when you send the money to the bank.

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cont

of to

Now, for a listing of deductible state taxes, see the chart on pages 174-175.



172 MEDICAL ECONOMICS · FEBRUARY 15, 1960

## New freedom from embarrassment and distress of psoriasis!

## Alphosyl

#### DISAGGREGATES PSORIATIC SCALE

In vitro studies show that the keratin-dispersing action of allantoin is exceptionally effective in disaggregating psoriatic scale.<sup>1,2</sup> It apparently acts on an abnormal cement substance between cornified

cells.<sup>2,5</sup> Coal tar, too, helps break up the horny layer.<sup>2</sup> Together, these agents provide rapid clearing of psoriatic lesions as well as the underlying inflammation and erythema.

ALPHOSYL Lotion, used by many physicians both in routine practice and in carefully controlled studies, proved highly successful.<sup>2,4-7</sup> The lotion permits complete avoidance of the potential hazards of certain other methods of treatment, such as superficial x-ray, heavy metals and corticosteroids.<sup>7</sup>

Advantages: • Treatment-fastness not observed • Cosmetic qualities permit free application to the scalp • Notably safe • May be freely used on tender areas



FORMULA: Allantoin 2% and special coal tar extract 5% in a greaseless, stainless, vanishing lotion base.

REFORE

SUPPLIED: Bottles of 8 fl. oz.

APPLICATION: For maximum therapeutic results rub thoroughly into lesions 2 to 4 times daily. For maintenance apply once or twice a week.

REFERENCES: 1. Flesch, P.: Proceedings Scientific Session. Toilet Goods Assoc. June, 1958.
2. Samitz, W. H.: Ann. New York Acad. Sc. 73:1020, 1958.
3. Flesch, P., and Jackson Esoda, E. C.: Ann. New York Acad. Sc. 73:998, 1968.
4. Elciberg, J., and Saltzman, J. A.: Clin. Med. 5:485, 1958.
5. Bleiberg, J.: Ann. New York Acad. Sc. 73:1028, 1958.
6. Clyman, S. G.: Ann. New York Acad. Sc. 73:1032, 1958.
7. Ohio M. J.: to be published.

For psoriasis with acute inflammation

#### Alphosyl-HC

Alphosyl with 0.2% hydrocortisone Supplied in bottles of 4 fl. oz.



REED & CARNRICK Jersey City 6, New Jersey

MEDICAL ECONOMICS · FEBRUARY 15, 1960 173

#### THESE STATE TAXES ARE DEDUCTIBLE

ON

Moi Neb Nev New Nen New Nen Nor Non Ohio Okla Oreg Peni Rho Sout South Tenn

Texa
Utah
Vern
Virgi
Wash
West
Wisco
Wyon
tax co

levied

65¢ to

State	Gas Tax (per gal.)	State Sales Tax	Other Deductible Taxes
Alabama	7¢	3%	Income, liquor, mortgage fil-
			ing, poll
Alaska	5	None	Income
Arizona	5	2	Income, poll
Arkansas	6.5	3	Income, poll
California	6	3	Income
Colorado	6	2	Income
Connecticut	6	3	Cigarette
Delaware	5	None	Income, liquor, poll
District of	6	2	Income
Columbia			
Florida	7	3	Cigarette, documentary stamp
Georgia	6.5	3	Income
Hawaii	Rates	None	Income
	vary		
Idaho	6	None	Income
Illinois	5	34	•
Indiana	6	None	Income, poll
lowa	6	2	Income
Kansas	5	2.5	Income, mortgage registration
Kentucky	7	None	Income, poll
Louisiana	7	2	Income, poll
Maine	7	3	Liquor, poll, tobacco
Maryland	6	3	Admissions, document record-
			ing stamp, income
Massachusetts	5.5	None	Cigarette, income, liquor, mo-
			tor excise, poll, real estate
			transfers, restaurant meals
Michigan	6	3	,
Minnesota	5	None	Income, mortgage registry
Mississippi	7	3	Admissions, mineral docu-
			mentary stamp, income, mo-
			tor oil, poll, tobacco
Missouri	3	2	Income, poll

<sup>1</sup>The table includes only those taxes levied by the states. Many counties, towns, and districts impose other taxes that are deductible on the Federal return. To find out what yo paid in 1959 taxes to your local community, check your tax bills or speak to your local.

#### BLE ON FEDERAL TAX RETURNS FOR 1959'

State	Gas Tax (per gal.)	State Sales Tax	Other Deductible Taxes <sup>2</sup>
Montana	6e	None	Income, liquor, poll
Nebraska	7	None	Cigarette, poll
Nevada	6	2	Poll
New Hampshire	74	None	Income, poll, tobacco
New Jersey	5	None	Cigarette
New Mexico	6	2	Income
New York	63	None	Income, mortgage registry, stock transfer, tobacco
North Carolina	7	3	Income, liquor, poll
North Dakota	6	2	Beer, income, liquor
Ohio	76	3	
Oklahoma	6.58	2	Cigarette, income, mortgage, motor vehicle excise
Oregon	6	None	Income
Pennsylvania	5	4	Cigarette, liquor, realty trans- fer, stock transfer
Rhode Island	6	3	Cigarette
South Carolina	7	3	Admissions, documentary stamp, income
South Dakota	6	2	Cigarette
Tennessee	7	2 3	Income, mortgage registry, poll, real estate transfer, thea- tre, tobacco
Texas	5	Rates	Admissions, poll, stock trans- fer
Utah	6	2	Income, liquor
Vermont	6.5	None	Cigarette, income, liquor, poll, restaurant meals
Virginia	6	None	Income, liquor, deed and mortgage registry, poll
Washington	6.5	47	Conveyances, liquor
West Virginia	78	2	Admissions, poll
Wisconsin	6	None	Income
Wyoming	5	2	Cigarette, poll

nd dis tax collector. In addition to property taxes and motor vehicle license taxes, which are hat you levied in every state. \$2.5% to July 1, '59. '6e' to July 1, '59. '4e' to March 1, '59. ar looi '5e' to May 20, '59. 73.33% to April 1, '59. '6e' to July 1, '59.

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 Franklin, M., et al.: Chelate Iron Therapy, J.A. M.A. 166:1685, 1958.
 A. M.A. Guncil on Drugs: New and Nonofficial Drugs, J.A. M.A. 171:891, 1959.
 A. M.A. Committee on Texicology: Accidental Iron Poisoning in Children, J.A. M.A. 170:676, 1959.

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## New Rules for Kintner-Type Pension Plan

Now that the Treasury has finally stated how medical groups can qualify for tax-favored retirement programs, what can group doctors do about it? Here's the answer

BY M. J. GOLDBERG

A t long last, the Internal Revenue Service has issued its "Kintner" regulations, which explain how a medical group can be organized so as to be taxed like a corporation.

Thus, the new rules suggest a way for doctors in group practice to share the benefits that corporate employes have long enjoyed —particularly tax-favored pension and profit-sharing programs. Until now, as you probably know, such benefits have been denied most group practitioners for this reason: Since most state laws require medical

groups to be organized as partnerships, the doctor-partners haven't been able to participate in *employe* plans.

The first crack in that legal wall appeared in the now-famous Kintner decision. That came in 1954, when a U.S. Court of Appeals held that Arthur R. Kintner's Western Montana Clinic could be taxed like a corporation because it was set up along corporate lines.

For three years, the I.R.S. refused to accept the decision. In 1957, however, the service announced that a medical group



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#### KINTNER PLAN

could get corporate tax treatment if its articles of association met certain "basic criteria."

More than two years later, the basic criteria have at last been released. They've been issued in proposed form only, and there may be minor changes before they become final. But tax experts agree that the picture is now quite clear and that any group that wants to reorganize according to the I.R.S. pattern might do so right away.

Will you and your colleagues really want to set up an "association"—a curious tax animal that is half partnership and half corporation-after studying all the facts? Quite possibly you won't. There are drawbacks to the formation of such a medical group. I'll discuss the dangers later on.

But let's begin by looking at the bright side of the picture. Here are the benefits that the new type of medical association can offer its doctor-members:

¶ Tax-favored pension and profit-sharing plans. Contributions to such plans may be deducted by the association, and they aren't considered part of the

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#### REFERENCES:

1-11. Papers read at Seventh Symposium on Antibiotics, Washington, D. C., November 4-6, 1959. 12. Phillips, F. M.: DECLOMYCIN—Seventh Interim Report. Department of Clinical Investigation, Lederie Laboratories, Pearl River, N. Y., December 4, 1959.

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gentlourinary infection, Roberts, M. S.; Seneca, H., and Lattimer, J. K., New York, N. Y. – Ninety-one per cent of the Grampositive and 27 per cent of the Gram-negative, among 66 organisms cultured from genitourinary infection, responded to DECLOMYCIN. Serum antibiotic activity was found three times greater than with tetracycline.

toleration. Boger. W. P., and Gavin, J. J..\*
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activity level sustentation. Kunin, C. M.; Dornbush, A. C., and Finland, M., Boston, Massachusetts—Of the four tetracycline analogues, Declomycin Demethylchlortetracycline showed the longest sustained activity levels in the blood.

gonococcal infection. Marmell, M., and Prigot, A., New York, N. Y.—Of 63 cases of gonorrhea, 61 promptly responded after short courses of DECLOMYCIN. Therapeutic effect was found equal to that of intramuscular penicillin.

bronchopulmonary infection, Perry, D. M.; Hall, G. A., and Kirby, W. M. M..<sup>4</sup> Seattle, Washington—Of 30 cases of acute bacterial pneumonia, all were afebrile following two to 10 days of treatment with DECLOMYCIN. Results were good in 21.... All of six patients with acute bronchitis responded promptly.

pediatric infection. Fujii, R.; Ichihashi, H.; Minamitani, M.; Konno, M., and Ishibashi, T., Tokyo, Japan — In 309 pediatric patients with various infections, DECLOMYCIN was effective in 75 per cent.

urogenital infection. Vineyard, J. P.; Hogan, J., and Sanford, J. P., Dallas, Texas— Clinical response in pyelonephritis correlated well with results of in vitro sensitiv-



ity tests, which showed some strains of A. aerogenes, Proteus and Pseudomonas more susceptible to DECLOMYCIN Demethylchlortetracycline than to its analogues.

pneumonia. Duke, C. J.; Katz, S., and Donohoe, R. F., Washington, D. C.— Results were satisfactory in all but two of 32 cases of acute bacterial pneumonia. of which only 11 were uncomplicated. No side effects were observed.

brucellosis. Chávez Max G., Mexico. D. F., Mexico.—All of nine patients with Br. melitensis infection were afebrile after five days on Declomycin. Blood cultures were negative in all cases on the 20th day. Side effects were limited to slight temperature increases which abated in four days.

pustular dermatosis. Blau, S., and Kanof, N. B., 'a New York, N. Y.— Results with DECLOMYCIN were excellent in both of two cases of impetigo, one of two cases of folliculitis, six of nine cases of furunculosis, all of three cases of acne rosacea and 26 of 45 cases of acne vulgaris. Overall, results were excellent or good in 85 per cent.

antibacterial spectrum, Finland, M.; Hirsch, H. A., and Kunin, C. M., "Boston, Massachusetts—DECLOMYCIN Demethylchlortetracycline was found the most effective of the tetracycline analogues against two-thirds of 680 normally sensitive strains of 15 separate species.

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#### KINTNER PLAN

doctor-member's taxable income. All investment earnings of the plans are tax-exempt. The individual physician pays taxes on his share of the benefits only when he gets the actual cash—normally, after retirement. And if he takes the money in a lump sum, it's taxed at the low capital-gains rate.

¶ Group life and health insurance. The association can pay

the premiums and get a tax deduction for doing so. The money isn't considered part of the doctor's taxable income.

¶ Sick-pay benefits. If a physician is unable to work because of sickness or injury, up to \$100 a week of any benefits paid to him is tax-free.

¶ Social Security coverage.

¶ Death benefits. If a member dies, up to \$5,000 can be paid to



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So appetizing (and therefore so acceptable)—consommé served jellied or hot. Eggs soft or hard-cooked, also flaked fish molded in lemon gelatin.

For delicious "burgers," moisten chopped beef with broth and mix in bread crumbs. Puréed vegetables folded into well-beaten eggs (yolks and whites) and baked make tiny "soufflés."

For a salad, try split bananas over cottage cheese, top with puréed apricots. To make a parfait—alternate layers of farina pudding and puréed plums. Rice cooked in pineapple juice, water and sugar makes a golden dessert.



And with your approval, your patient might add a glass of beer to round off his dinner.

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#### KINTNER PLAN

his widow tax-free. The association gets a tax deduction for the amount.

It isn't possible to put a precise value on the above benefits. But the doctor-member's tax savings over a period of years could run to thousands of dollars.

How can a medical group qualify to provide such "employe" programs for its members? First of all, it must consist of a number of doctors organized with the stated objective of earning a profit. That's simple enough. But the I.R.S. lists four other characteristics which, taken together, indicate that the group is an association. The characteristics are:

1. Continuity of life. The death, retirement, or withdrawal of any member may not cause the dissolution of the association. It must continue undisturbed, just as a corporation does if a stockholder sells out.

2. Transferability of interest. Each member must be free to sell his interest—and all his rights—in the association to any doctor he chooses. (But the association may require that a departing

Continued on page 188

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member first offer his interest to the remaining members at its fair market value.)

3. Centralized management. Some one person or committee must have the right to make management decisions for the entire group. The management committee may be elected by all the members, or it may be selfperpetuating, depending on the articles of the association.

4. Limited liability. No member may be held liable, in excess of his investment, for debts or claims against the association.

So the maximum liability of the association must be limited to the value of its property.

This last requirement is less stringent than it sounds. Since state laws normally hold the doctor responsible for his own acts, the I.R.S. apparently won't disqualify an association whose members remain entirely liable for their acts. In the proposed regulations, for instance, the Service gives an example of a group that qualifies even though the members retain personal liability. But the group has the oth-

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er three characteristics of an association.

On the surface, then, the rules seem clear enough. But they're actually studded with legal time bombs. The unwary group that rushes to make the change-over does so at its own risk, tax men warn. Among the potential danger spots:

#### Other Considerations

¶ State laws governing the practice of medicine vary widely. In some states, it's apparently impossible to organize a medical association according to the new rules. To illustrate: If the medical practice law of your state decrees that a medical group must be dissolved when any member dies or withdraws, your organization simply can't meet the "continuous life" requirement of the I.R.S.

¶ Since the new type of association is taxed like a corporation, it's subject to corporate income taxes. Normally, most of any association's income will be paid out in salaries, bonuses, and employe benefits. But in any year when there's an additional

net profit, a corporate income tax must be paid.

¶ The association itself, not the individual doctors, owns title to all the assets, including accounts receivable. In effect, then, the doctors must give up their interest in accounts receivable in return for their new benefits.

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¶ Small associations are likely to face special problems in gaining Treasury acceptance. In a two-man group, for example, the Government may well question whether "centralized management" exists. Tax experts recommend that no group seek association status unless it has at least five doctor-members.

#### All Must Be Covered

¶ Pension and profit-sharing plans must cover other employes of the association besides the doctors. Benefits may be apportioned according to salaries; but the plans may not discriminate in favor of the executives. So the benefit costs for nonprofessional employes may materially reduce what the doctors save in taxes on their own pensions.

Continued on page 194

A museum guard, a lecturer and a salesman may not have anything in common except angina pectoris. As angina patients, they share a common need for Peritrate 20 mg. q.i.d. -"basic therapy" providing long-acting coronary vasodilatation for fewer, less severe attacks, increased exercise tolerance, reduced nitroglycerin dependence and improved ECG findings.

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"... our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, 3:199, (Feb.) 1959.



"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., 169:109, (Jan. 10) 1959.

SUPPLIED: 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000. DIURIL is a trademark of Merck & Co., INC. Additional information is available to the physician on request.

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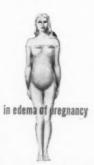
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"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., 59:66, (Jan. 1) 1959.



"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the fiveday treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., 103:415, (March) 1959.



"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., 103:369, (March) 1959.



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MEDICAL ECONOMICS · FEBRUARY 15, 1960 193

#### KINTNER PLAN

¶ Physicians who are covered by association pension plans will be barred from setting up individual retirement programs if and when the Keogh bill becomes law. This bill would permit individuals to set up tax-favored pension plans only if they have no prior coverage under an existing retirement program.

The foregoing hurdles may be too high for many a doctor to jump. But there's an even higher one that's psychological rather than legal:

#### Will It Suit You?

Doctor-members of Kintnertype associations enjoy the same tax treatment as corporation employes just *because* they resemble employes. In other words, they must give up much of the independence they'd have as self-employed men. The association sets the doctor's hours, his pay, his vacations. He owns none of the assets. He can't buy an aspirin for the group without permission from the management committee.

"Membership in an associa-

tion involves an entirely new concept of medical practice," says one medical management consultant. "Some doctors may like it; others won't. If a doctor dislikes the idea of working for someone else, he shouldn't enter an association, no matter what the potential tax benefits."

#### There's No Hurry

Are those benefits worth the restrictions of association status and the legal gymnastics you must go through to set one up? Only you and your colleagues can decide. Fortunately, you needn't make the decision without taking time to mull it over. As long as you set up your pension plan before the end of the year, you can get a tax credit for the full year's contribution.

So the road to association status has now been formally opened. It's a narrow trail, lined with so many "Caution" signs that you'll need expert legal advice before you take it. But until Congress enacts the Keogh bill, it's the only way for private physicians to enjoy tax-sheltered retirement benefits.



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#### ... COVERS THE PREDOMINANT PATHOGENS

With its wide spectrum, Gantrisin covers all pathogens predominant in the urinary tract, 1.3-5 including many resistant strains. Its use in cystitis<sup>2-5,6</sup> often achieves better control than "...some of the more expensive antibiotics." 1

#### ...ASSURES SAFETY

The low toxicity and high solubility of Gantrisin<sup>1-3,5</sup> are especially important when dysuria in cystitis contraindicates fluid-forcing<sup>1</sup> or when prolonged therapy is required.<sup>3</sup>

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In routine prophylaxis<sup>7,8</sup> after surgery and manipulations, Gantrisin significantly reduces the incidence and severity of cystitis. Results here have been termed "excellent."<sup>8</sup>

References: 1. O. S. Lowsley and T. J. Kirwin, Clinical Urology, ed. 3, Baltimore, The Williams & Wilkins Co., 1956, vol. 2, pp. 490 ff., 975. 2. J. J. Robbins, J. Kentucky M.A., 56:47, 1958. 3. E. J. Richardson in H. F. Conn, Ed., Current Therapy 1957, Philadelphia, W. B. Saunders Co., 1957, pp. 330 ff. 4. W. J. Reich and M. J. Nechtow, Practical Gynecology, ed. 2, Philadelphia, J. B. Lippincott Co., 1957, pp. 337-338. 5. J. T. Mason in H. E. Conn, Ed., Current Therapy 1959, Philadelphia, W. B. Saunders Co., 1959, p. 342. 6. J. R. Hand in H. E. Conn, Ed., Current Therapy 1959, Philadelphia, W. B. Saunders Co., 1959, p. 409. 7. E. M. Yow, Am. Pract. & Digest Treat., 4:521, 1953. 8. W. E. Studdiford, Jr., S. Clin. North America, 34:293, 1954.



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1. Spies, T. D.: J. A. M. A. 167:675 (June 7) 1958.

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Do you believe he and
his colleagues
practice in
an ivory
tower far
removed from

the medical world?

This spirited defense of a much misunderstood specialty may change your mind

By Henry A. Davidson, M.D.

T aking pot shots at psychiatrists has long been the favorite indoor sport of some physicians. For many years, most of us in psychiatry made it a policy not to answer such critics. We felt that the bile, bitterness, and bias of their abuse were too transparent to need a reply.

But far from ceasing their attacks, our critics seem recently to have become more vociferous. So perhaps now's the time to explode some old myths by talking hard facts. I shall now state—and, I trust, answer—the "classic" complaints against my specialty:

► "The psychiatrist's fees are too high."

Everything's too high. But the average psychiatric fee for pri-

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Apresoline contributes an exclusive action to the antihypertensive program: It is the only therapeutically acceptable agent to increase renal blood flow and relax cerebral vascular tone while it lowers blood pressure. With improved kidney function, advancing hypertension can often be halted—or even reversed.

Apresoline is indicated for moderate to severe and malignant hypertension, renal hypertension, acute glomerulonephritis, and toxemia of pregnancy.

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#### PSYCHIATRY

vate patients is only \$20 an hour. A G.P. in a small town makes more than that. He can see six patients an hour at \$4 or \$5 each. Certainly, a dermatologist or radiologist earns more. And how much does a surgeon get for an hour in the operating room? He demands a much bigger fee than the typical psychiatrist gets for an hour with his patient.

The median net income of psychiatrists as reported by MED-ICAL ECONOMICS in 1956 was \$17,300. Urologists were then reportedly netting \$22,000; orthopedic surgeons, \$25,000. Indeed, the three poorest-paid specialties, jostling each other for the cellar position, appear to be pediatrics, psychiatry, and internal medicine. Since he's practically low man on the totem pole, why should the psychiatrist be asked to reduce his fees?

► "He doesn't know enough general medicine."

Neither does the ophthalmologist, the pathologist, or the Surgeon General of the Army. Critics sometimes scream because they have to wait a week or two for a psychiatric appointment. But they also demand that we divert

When

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#### When blood pressure must come down

When you see symptoms of hypertension such as dizziness, headache, and fainting your patient is a candidate for Serpasil-Apresoline. Even when single-drug therapy fails, Serpasil-Apresoline frequently can bring blood pressure down to near-normal levels, reduce rapid heart rate, allay anxiety.

SWPUED: Tablets #2 (standard-strength, scored), each containing 0.2 mg. Serpasil and 50 mg. Apresoline hydrochloride; Tablets #1 (half-strength, scored), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

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hydrochloride (reserpine and hydratazine hydrochloride cane)

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some of our time into nonpsychiatric functions, even when we haven't time enough to do what we do best. Come now, Doctors. Which way do you want it?

#### A Man Apart?

▶ "He's aloof from the mainstream of medicine."

Some psychiatrists are, some aren't. It's true that this charge of ivory-towerism can properly be made about many psychoanalysts. But a good many doctors tend to forget that most psychiatrists are *not* psychoanalysts.

In any case, the allegation is equally true of other physicians: public health officers, doctors in TB sanitaria, ward physicians in rurally located state hospitals. Few of them manage to get to medical meetings very often.

The real point, anyway, isn't how many meetings they attend. What's important to remember is that the whole field of psychosomatics has been nurtured by psychiatrists more than by any other kind of M.D. This amounts to a real integration of psychiatry into general medicine.

And don't forget that psychia-

try has contributed more to an understanding of the physicianpatient relationship than has any other specialty. That relationship is the most dynamic part of everyday medical practice.

Psychiatry is a specialty, yes. But it's a specialty that looks at the total human being—not just at his skin, his tissues, or his illness.

#### **Outdated Thinking**

We all know that psychiatrists were generally found only behind hospital walls before World War I. But that was a half-century ago. It doesn't take much thought to realize how far psychiatry has gone since then. Inside hospitals and out, the specialty has grown enormously in importance. More and more hospitals are setting up psychiatric in-patient services and mental hygiene clinics. Psychiatric consultation services are increasingly common in surgery, obstetrics, and elsewhere.

Aloof from medicine, indeed! Whoever says that still lives in a private world of 1910.

Continued on page 206

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da

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## EVERYTHING ON HER MIND BUT HER DANDRUFF (that's on the downtown list)

Strange how many patients catalog their ills (real and imagined) from day to day, yet never mention their dandruff to their doctor. They'll tell everybody else about it, but they just don't think of a scaly scalp as a medical problem. And so they scratch and suffer and suffer and scratch, and make one costly experiment after another. That's why a word from you (if you can get one in)—and a prescription for Selsun—will probably be appreciated.

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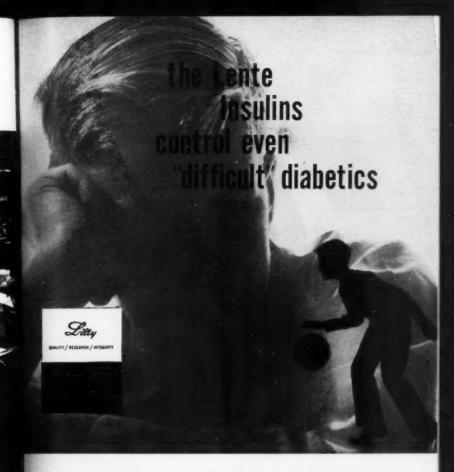
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Schlesinger, E. B.: Tr. New York Acad. Sc. 2:6 (Nov.) 1948.
 R. K.., and Taylor, J. D.: Anesthesiology 17:414, 1956.
 S. Shideman, F. E.: Postgrad. Med. 24:207, 1958.
 Berger, F.: Pharmacol. Rev. 1:243, 1949.



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#### **PSYCHIATRY**

► "The psychiatrist doesn't offer his medical colleagues professional courtesy."

Someone ought to nail this canard once and for all. The truth is that most psychiatrists are willing to give free treatment to their colleagues. The exception is the psychoanalyst.

But before throwing stones at the psychoanalyst, consider his predicament. An orthodox analyst who sees his patients five times a week for an hour apiece can have a total case-load of only nine patients. If he sees his patients only three times a week, and if he works a sixty-hour week, he can hardly carry a case-load of more than twenty.

Suppose he's in a medical-cen-Continued on page 210



"It's your wife . . . She's inquiring about my cataracts and arthritis."



he needn't be grounded for long, once you prescribe

## **PARAFON**°

(PARAFLEX® + TYLENOL®

#### for muscle relaxation plus analgesia

Prescribe Parafon in low back pain-sprains-strainsrheumatic pains

Each PARAFON tablet contains:

PARAFLEX® Chlorzoxazone† ...... 125 mg.

The low-dosage skeletal muscle relaxant

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The superior analgesic in musculoskeletal pain

Dosage: Two tablets t.i.d. or q.i.d.

Supplied: Tablets, scored, pink, bottles of 50.

#### and in arthritis

## PARAFON°

with Prednisolone

Each Parafon with Prednisolone tablet contains: Paraflex® Chlorzoxazone† 125 mg., "Tylenol.® Acetaminophen 300 mg., and prednisolone 1.0 mg.

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capillary hemorrhage in duodenal ulcer

## CVP

Q.V.P. nelps diminish increased capillary permeability, fraginty, and resultant bleeding by acting to maintain the integrity of the intercellular ground substance (cement) of capillary walls. C.V.P. is the original and exclusive water-soluble citrus bioflavonoid complex. Readily absorbed and utilized, C.V.P. is relatively free (due to special processing) of hesperidin, naringin and other competatively insoluble and inactive flavonoids found in citrus.

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ter, university, or medical-school setting, as many analysts are. If he sees only four patients for free, he's cutting his income by 20 per cent.

It may be easy for a general practitioner to say "Shame on you" when an analyst can't afford to offer his services gratis to a number of M.D.-patients. But ask the G.P. to see 20 per cent of his patients on the cuff, and brace yourself for the explosion.

So much for psychoanalysts. But most psychiatrists aren't analysts. One study has shown that 88 per cent of the nation's psychiatrists don't submit bills to physicians or their dependents.

► "He doesn't like to make house calls."

That isn't true. A 1956 survey indicated that 77 per cent of psychiatrists are willing to make house calls. Anyway, there are only two types of psychiatric emergency where such a call would make sense: violence and suicide-prone depression. And the psychiatrist can't really make a unique on-the-spot contribution to either.

Violence is met with sedatives

or restraint, or both; suicideprone depression, by transferring the patient to a secure place. No great psychiatric skill is needed for either of these procedures.

Finally, ophthalmologists don't like to make house calls. Nor do anesthesiologists, pathologists, radioisotope specialists, or phthisiologists. Why pick on the psychiatrist for his reluctance, if indeed it exists?

#### **Conscientious Objectors?**

► "He doesn't play his part in the battles of organized medicine."

Most Blue Shield and Blue Cross policies exclude psychiatric care. How can anyone squawk because psychiatrists don't work hard to keep it that way?

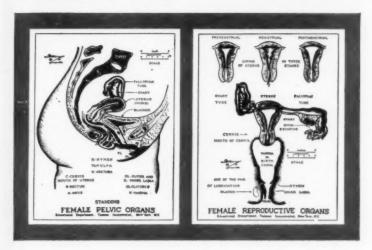
But in the other aspects of organized medicine, psychiatrists do their share. Many have held high office in county medical societies. And the proportion of psychiatrists on the rosters of medical society speakers' bureaus tends to be disproportionately large.

Some proposed systems of Continued on page 214 an

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These laminated plastic-covered charts in color (prepared by R. L. Dickinson) will help you to explain pelvic anatomy and reproductive organs to female patients. Suitable for grease-pencil use and erasable.

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Relieved of hypertensive headache, patient can now carry out heavy responsibilities sion - has troubled Mrs. C. R. for about 4 years. Her job and home life have imposed additional stress. Employed by a chocolate manufacturer on the "swing shift" - she works in a cold room, wearing a coat and wool socks as protection. After work she waits a half hour for a bus that gets her home at 1:30 a.m.

Mornings at home offer no respite. Since her husband, a cardiac cripple, cannot help with

Severe headache - a symptom of her hyperten- household chores, she does the cleaning and shopping, also works on the lawn and garden. Mrs. R. and her husband built their own house from the foundation up some years ago. After his incapacitating heart attack in 1957 she poured the concrete walks and patio herself.

> Initially, Mrs. R.'s physician prescribed meprobamate and chlorothiazide, with no effect. On January 29, 1959, she was switched to Esidrix 50 mg. in combination with Singoserp 0.5 mg. daily;

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Mrs

Before treatment: B. P. 190/110 mm. Hg



After treatment: B. P. 140/80 mm. Hg



her blood pressure was then 190/110 mm. Hg.

By March 9, Singoserp/Esidrix combination therapy had lowered Mrs. R.'s pressure to 150/100 mm. Hg. On June 1, the reading was 140/80 mm. Hg. As of August 24, the patient's blood pressure had stabilized at that normotensive level.

Mrs. R. is delighted with the results of Singoserp/Esidrix treatment. Her headaches are gone. She once again has the energy to handle her heavy responsibilities at work and at home.

With Singoserp-Esidrix you give your hypertensive patients the benefits of potentiated therapy. Often more effective than a single drug, Singoserp-Esidrix usually relieves hypertension without side effects. Indicated in mild to moderate hypertension.

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#### **PSYCHIATRY**

medical care deprive the patient of free choice of physician. The psychiatrist understands perhaps better than anyone else why this is undesirable. What's more, he's articulate about it. Nearly all psychiatrists have had administrative experience. Thus, they're useful in committee and organization work. And their intimate contacts with community agencies makes them especially valuable.

► "The psychiatrist doesn't keep pace with modern medicine."

Ever hear of tranquilizers or electronic shock techniques? Of energizers or psychosurgery? What about behavior-influencing drugs, group psychotherapy, or psychosomatics?

Here's another point: If it weren't for its senile patients, the average mental hospital today would have a discharge rate of more than 50 per cent every year. Compare that with the stagnation of patients in mental hospitals forty years ago. The progress psychiatry has made in this area makes dermatology and rhinology, for instance, look as if they were crawling.

Continued on page 218

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## **TUCKS**

Soft ready-to-use cotton flannel pads saturated with witch hazel (50%) and glycerine (10%), pH about 4.6.

As a dressing ... TUCKS cools and smooths traumatized tissue ... without occlusive vehicles or "-caine" type anesthetics.

In the hospital, Tucks can be kept by the bedside for frequent, easy changing by the patient or nurse.

As a wipe... TUCKS takes the trauma out of cleansing tender tissue and encourages more thorough hygiene.

TUCKS may also be sent home with patient for continuation of care. jars of 40 and 100.

Please sen	d me a sample supply of TUCKS.
	M. D.
Address_	
City	ZoneState
fille	FULLER PHARMACEUTICAL CO. 3108 W. Lake Street
Pulle	Minneapolis 16, Minn. 12

#### **PSYCHIATRY**

The senile patients who are now pouring into public mental hospitals can't be listed as failures of psychiatry. They're where they are simply because internists, G.P.s, and family doctors have failed to keep their patients' arteries soft. You can't blame those doctors either, of course—but then don't blame the psychiatrist for failing to find a fountain of youth.

Modern medicine has made such spectacular progress in the past few decades that there's glory enough for every specialty. Why deny it to psychiatry?

► "He doesn't participate in general hospitals."

This is another example of many doctors' dog-in-the-manger attitude. The senior staff may well refuse to permit a psychiatric service in the general hospital—and everyone's surprised that psychiatrists don't participate!

Only 10 or 15 per cent of the general hospitals in this country knowingly admit a psychiatric patient. (Of course, they admit lots of neurotics under fancy diagnoses.) Too many hospitals still won't seat a psychiatrist on

ent to

resistant mutants? sensitivity reactions?

## UNHEARD OF!

in urologic patients taking

## **MANDELAMINE**

brand of methenamine mandelate

Inis is why Mandelamine is so excelent to use in chronic resistant urinary disorders. Antibacterial but not antiplotic, Mandelamine is highly effective gainst many organisms resistant to mubiotics (and sulfas too). And since Mandelamine works solely within the urinary tract, sensitivity risks and ystemic reactions are relatively rare, ten during prolonged usage andelamine is effective, well olerated, and economical, too.

Mandelamine Hafgrams, q.i.d. Children over 5-1 Mandelamine Hafgram q.i.d. Children under 5-1 tsp. Mandelamine Suspension q.i.d. supplied Mandelamine Hafgrams (0.5 Gm. tablets); 0.25 Gm.

tablets; also pleasantly flavored Mandelamine Suspension containing 0.25 Gm. methensmine mandelate per 5-cc. téaspoonful.



MORRIS PLAINS, N

the senior staff. So what happens if a hypochondriac is admitted with multiple complaints? He gets X-rays and liver-function tests. He sees an internist, a urologist, an orthopedist, and a social worker. He swallows a stomach tube, gets a biopsy, and is loaded with vitamins, tranquilizers, antibiotics, and steroids.

But he may never get the one thing he needs: a psychiatric consultation. Or he may get it after he has cost Blue Cross several hundred dollars in useless tests. An affirmative psychiatric study might have made these expensive tests unnecessary. But the patient's Blue Shield contract didn't cover a psychiatric consultation.

The psychiatrist won't participate in general hospital activities? As I said above, he has proved he will participate whenever he's given a chance!

#### Not 'Real' Doctors?

► "The specialty doesn't attract 'real' doctors."

Who says so? When the National Institute of Mental Health recently offered stipends to stake G.P.s to psychiatric residencies,

doctors snapped at the chance. The number of applications far exceeded the residencies available.

Of course, the specialty doesn't attract everyone. It's hard work, for one thing. So lazy people avoid it. It doesn't attract the greedy because the income is relatively low. It doesn't attract the surgical carpenter who's more interested in craftsmanship than in individual patients. And it holds little interest for the cold fish who prefers paper to people.

#### **How Real Can You Get?**

Surely these are not the "real" doctors. No one can do psychiatry who doesn't care about human beings. Incidentally, that's an apt definition of the good doctor: He warms up to people. A psychiatrist has to do this and more. He has to know enough of every medical specialty to recognize structural change and to reassure the patient.

Then why all the current criticism of psychiatrists? I don't know the anwer. But it would undoubtedly take a psychiatrist to find out.

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an

pe:

urinary pain? urgency?



## STOPS IN 30 MINUTES!

after the first dose of

## **PYRIDIUM**

brand of phenylazo-diamino-pyridine HCl

This is why Pyridium is so desirable for urologic patients with pain, burning, frequency or urgency. Pyridium brings fast comforting relief—usually within 30 minutes—because of its local analgesic effect. Since Pyridium is compatible with all antibacterials, it permits more flexible therapy. Thus, you can give the agent of your choice to control any underlying infection. And unlike fixed analgesic-antibacter-

ial combinations, Pyridium provides greater symptomatic relief in the recommended daily dose. This relief can be maintained for as long as necessary because Pyridium is extremely well tol-

erated.AVERAGE DOSAGE: Adults—2 tablets t.i.d. Children (9 to 12)— 1 tablet t.i.d. SUPPLIED: 0.1-Gm. tablets, bottles of 50, 500 and 1,000.



### 'It's Hell to Serve On an Infections Committee!'

Continued from page 85

committee, as well as every new one, would have to be *made* efficient (just as tissue committees have had to function adequately in recent years). How would you accomplish this? There's only one way: You'd have to put money into it. I know of one hospital where the idea has

proved successful—but at quite a cost.

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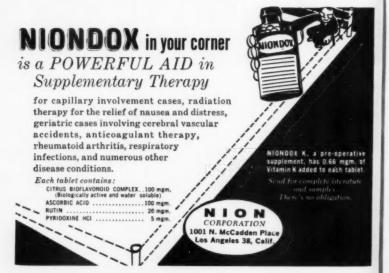
(July 1958.

Smith et al.

Publi (Dec.

Two years ago, the 485-bed Jewish Hospital in St. Louis launched its infections committee by appropriating a whopping \$88,000. And to keep its infections-control program in operation, the hospital is spending another \$44,000 every year. The money has to be spent for necessary equipment and for extra personnel to make sure the equipment is used.

What's more, there's an addi-Continued on page 326



222 MEDICAL ECONOMICS · FEBRUARY 15, 1960

XUM



reaches all nasal and paranasal membranes systemically!

#### Pharmacologically balanced formula for prompt symptomatic relief

- · in nasal and paranasal congestion
- · in sinusitis and postnasal drip
- in allergic reactions of the upper respiratory tract

### Triaminic<sup>2,3</sup> is safer and more effective than topical medication

- transported systemically to all respiratory membranes
- · provides longer-lasting relief
- presents no problem of rebound congestion
- · avoids "nose drop addiction"
- Fabricant, N. D.: E.E.N.T. Monthly 37:460 (July) 1958.
- 2. Lhotka, F. M.: Illinois M. J. 112:259 (Dec.) 1957.
- Farmer, D. F.: Clin. Med. 5:1183 (Sept.) 1958.

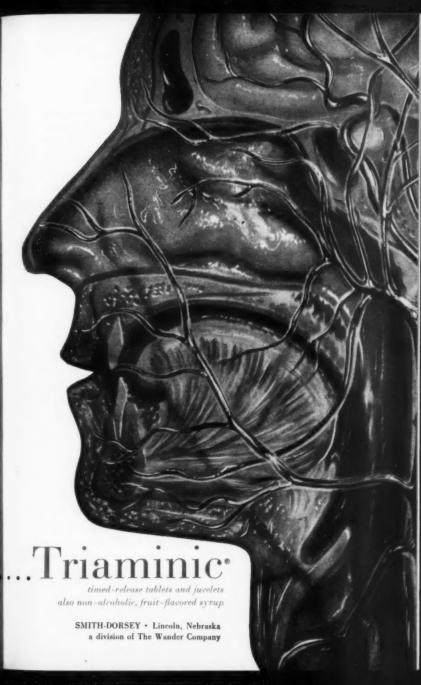
Relief is prompt and prolonged because of this special timed-release action:



first — the outer layer dissolves within minutes to produce 3 to 4 hours of relief

> then — the core disintegrates to give 3 to 4 more hours of relief

the leading oral nasal decongestant



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XUM

#### INFECTIONS COMMITTEE

tional cost factor—a big one. Jewish Hospital doesn't boost the room rate one penny when a patient must be isolated because of infection. The hospital absorbs the cost.

If your hospital (and mine) really intends to win the staph



battle, it must follow the St. Louis institution's lead. But will it, unless the Joint Commission makes some such move mandatory? I wonder.

As matters now stand, would your hospital rebuild the air-conditioning system if your infections committee said it should? (This was done by one institution after the committee discovered that suction ventilation was contaminating operating-room air with ward staphylococci.)

Or would your hospital undertake a major reconstruction job if the committee found it necessary? (A few places have done just that. They've virtually abolished staph from the obstetrical floor by doing away with the central nursery and by turning the entire floor into rooming-in units.)

Unless our hospitals back up their infections committees with action, we who serve on the committees will go on feeling thwarted and impotent. I've never yet heard of a germ that will give way to pious bulletins, memoranda, or reports. END

### Upjohn

announces
the first progestin
since progesterone
that will maintain pregnancy
even in ovariectomized rats

Ovariectomy of the rat in early pregnancy invariably leads to abortion unless progestin is substituted. Here, rat was ovariectomized on 9th day, and pregnancy maintained on medroxyprogesterone until 21st day, when pups were taken by cesarean section. (From a scientific exhibit, AMA annual meeting, June, 1959).



For the promise of this new compound in you practice, please turn page

h

g

e

# The most welcome pain in the world

How much better a pain in the uterus than an ache in the heart! It is pure ecstasy to the habitual aborter, to whom it signifies the imminent fulfillment of her fondest dream.

Only you who have shared her anguish through repeated abortions can fully appreciate her soaring sense of achievement at having finally reached term. Knowing, as you do, the maddening frustration of being powerless to prevent her previous abortions with the ineffective measures that were available at that time, your sense of achievement now parallels hers.

This is the promise of Provera—a new, oral progestin developed by Upjohn research. Because it represents the first clinically-significant improvement on progesterone, we believe Provera is the most important advance in the treatment of idiopathic recurrent abortion in 30 years.

It is the only compound, other than pro-

gesterone, that will maintain pregnancy in ovariectomized rats. And it is approximately 40 times as potent as progesterone, which makes oral therapy of habitual abortion practical for the first time.

And Provera exerts no significant androgenic or estrogenic effect whatever—which makes it a "purer" progestational agent than progesterone itself.

We invite you to select the most critical 60 days of pregnancy as your test. Use Provera (10 to 20 mg./day) to carry your next habitual aborter through the dangerous period during which the production of endogenous progesterone shifts from the corpus luteum to the placenta (usually in the third and fourth months). The cost to your patient will be a pleasant surprise.

For complete information, ask your Upjohn representative, or write Department of Product Information, Medical Division, The Upjohn Company, Kalamazoo, Michigan.

## PROVERA

Upjohn

\*Trademark, Reg. U.S. Pat. Off. Medroxyprogesterone acetate, Upjohn

### Small-Town Practice? 'You Can Have It!'

Continued from page 78

stares. Or humor, Feckless brand. "You can afford to treat 'em, Doc," a councilman said at one meeting. "Think what you're overchargin' the rest of us." It brought down the house.

#### Fee Trouble

What am I "overcharging" my patients? My fee for an office visit is \$3; for a house call, \$4. The hospital charge is \$10 a day. My OB fee is \$85. Yet most of my patients consider even these modest fees exorbitant. The remark a farm woman once made about my \$5 fee for a 3 A.M. house call is typical: "It seems like an awful lot of money for a country doctor to charge."

The words "country doctor" sum up the way most of my patients think of me. When they feel something is really wrong with them, they head for city doctors sixty to 200 miles away.

What's more, the fees they're charged by these physicians don't bother them. They usually pay cash and brag about the size of the fee when they get home—even though the city doctor often does no more (sometimes a good deal less) than I might have done.

For example, one local woman was positive she needed an operation. I examined her and did a complete work-up, including barium enema and X-rays. I found nothing wrong. She complained bitterly about my \$20 fee and paid only half of it. Some months later she took her "troubles" to a city G.P. He put her in the hospital, made numerous X-rays and tests, then told her the same thing I had. The difference? He charged her five times as much and collected all \$100.

#### 'Respected and Loved'?

This is the unpleasant professional and business side of my life in Feckless. Now let me tell how I fit into the social and civic picture.

When I moved into town, I was busy setting up the clinic and Continued on page 234

#### IN NAUSEA AND VOMITING OF PREGNANCY

has no known contraindi-cations; free of hepatic, appotensive, and hemato-ogic hazards observed with phenothiazines

6-year record of suc-cessful use in daily mactice; consistently favorable reports<sup>2-46</sup>

## BONINE

Stored Tablets, scored, 25 mg.

Statistic Chowing Tableton, mint-General, 25 mg. MARKET Chair, charry-flavored, ideal for children, 12.5 mg. par languages of Co.).

MORACE: Admits, 25 to 50 per man a day.

## PLEASE NOTE: BONINE.

(FORMERLY CALLED

### BONAMINE)

is the new name for the SAME superior product

Pfizer stone to the cott's willbuing

FF.LET LLEUMSTONIES minimo, they. Place & Co., Sec. Separting & Rose Verb.

in bacterial infections the new

alternative:

Madribou 0.5 gm

# 16

Sig-Tab-To stat

this tab-Ti
ouez a day-

The low costantibacterial prescription with assured safety and effectiveness

"... its simplicity of administration, safety, clinical response and reasonable cost make . . . [Madribon] a desirable drug in instances where it is equally effective [as the antibiotics] and a choice drug in many antibiotic-resistant cases." M. J. Mosely, Jr., J. Nat. M. A., 51:256, 1000.

## ADRIBON safe effective economical

Clinically effective for infections caused by:

Staphylococcus aureus hemolyticus\* • beta hemolytic streptococci · pneumococci · K. pneumoniae · H. influenzae · Ps. aeruginosa\* · B. Proteus · E. coli\* · Proteus\* • Shigella • Salmonella\* • paracolon bacilli

#### A new alternative in bacterial infections for many reasons-

- · wide-spectrum activity
- · high rate of clinical effectiveness-up to 90%
- · less than 2% side effects even in long-term use
- · minimal risk of hazardous superinfections
- essentially no danger of anaphylactic reactions
- · fewer problems with resistant mutants
- · economical therapy
- · reserves antibiotic effectiveness for fulminating, life-threatening infections

For complete information on dosage forms, dosage schedules and precautions, consult literature available on request.

\*Some infections due to antibiotic-resistant strains have responded to Madribon.

MADRIBON®-2,4-dimethoxy-6-sulfanilamido-1,3-diazine ROCHE®



ROCHE LABORATORIES

Division of Hoffmann-La Roche Inc . Nutley 10 . N. J.

#### RURAL PRACTICE

trying to get my practice started. I simply didn't have time to take part in the organizational life of the town. That was bad. Word quickly got back to me (as it always does in Feckless) that I was stand-offish and uppity.

This wouldn't do, of course. So I began to join various groups—the Chamber of Commerce, the Grange, the Lions Club, the American Legion post, etc. Once I started joining, I couldn't stop; the doctor can't play favorites.

Then I began to raise my voice in various conclaves for town improvements and progress. But this wasn't the way to get ahead either.

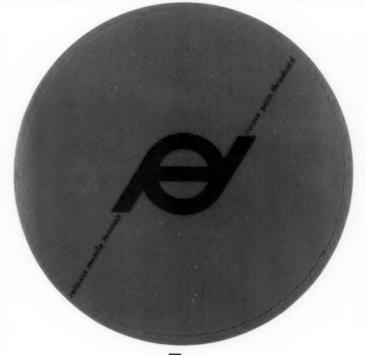
I was stepping on too many toes. I was irritating too many of the older citizens. In short, the new doctor was getting "too big for his breeches." In Feckless, that's as much a cardinal sin as being stand-offish. I didn't resign from the various organizations.

Continued on page 236



"After my eighth, I told Mr. O'Toole that was all. Yet every time we go to a wedding . . ."

announcing a new class of drug the first analgomylaxant



## analexin

a single chemical that is both a general non-narcotic analgesic and an effective muscle relaxant

## analexin

### e where pain makes tension and tension makes pain analexin stops both effectively

Analexin is a new synthetic chemical that inherently passesses within one molecular structure two different pharmacologic actions: (1) analogosia by raising the pain threshold and (2) muscle relaxation by selectively depressing subcortical and polysynaptic transmission (interneuronal blockade), abolishing abnormal muscle tone without impairing normal neuromuscular function.<sup>2</sup>

The analgesic potency of one tablet is clinically equivalent to that of I grain of codeine; however, phenyramidal is non-narcotic nor is it narcotic related. It is not habituating. No evidence of tolerance of cumulative effects. Muscle relaxant effect is comparable to the most potent oral muscle relaxants available.

### relieves the total pain experience . . .

Pain, regardless of origin, is often paralleled by muscle tension, which may play a significant role in exacerbating the total pain experience Employment of phenyramidal, a single agent with two distinct be simultaneous physiologic actions, has obvious advantages; for it carrelieve the total pain experience more effectively as it acts an painteness and muscle to produce analgesta and muscle relaxation.

## e with remarkably few side effects

Analexin does not produce such centrally induced side effects as saddition, euphoria, etc., accasionally observed with analgesic agents of interneuronal blocking agents. The infrequent occurrence of mild gastro intestinal irritation, or epigastric distress, pruritus with and without ras has been noted. However, these effects subside promptly when dosage is reduced or discontinued.<sup>3</sup>

#### Clinical Results with Analexin in Painful Conditions

investigator	type of pain treated	no. of cases	results or comment	
Batterman, Grossman & Mouratoff <sup>3</sup>	musculoskeletal pain	118	"Not only is satisfactory relief of pain	
	ambulatory patients with other than muscu- loskeletal pain	43	states achieved in the majority of patient regardless of etiology and duration of pain, but there is also no evidence sug- gestive of cumulative toxicity. Further-	
	hospitalized patients with pain secondary to medical or surgical conditions	34	more, in contrast to codeine and mepe dine, the likelihood of untoward reactio occurring in ambulant patients is r high."	
Wainer <sup>4</sup>	dysmenorrhea	50	Excellent or good results in 45 out of cases; poor results in 5 cases in 4 which subsequently pathology was fou	
	premenstrual tension and headache	50	In 50 cases—40 received excellent relief. Of the remaining 10—five were subsequently demonstrated as migraine. In the remaining 5—there were poor results.	
	postpartum pain	100	phenyramidol with aluminum aspirir (Analexin-AF) successfully replaced aspirin and codeine in these 100 cases.	
Bealer <sup>5</sup>	musculoskeletal pain	32	good to fair results in 29 out of 32 cases; poor results in 3 patients.	
Stern <sup>6</sup>	ambulatory patients with a variety of pain- ful conditions	40	good relief in 32; poor in 8.	
Bader <sup>7</sup>	dysmenorrhea	20	satisfactory results in 15; fair in 5; all women were able to remain at work.	



analexin each tablet contains 200 mg. of phenyramidol HCl. Indications: for relief of pain, as in dysmenorrhea; postpartum pain; gout; tension headache; epigastric and abdominal distress; genitourinary conditions; low back pain, sprains and strains; myalgia, stiff neck, etc. Dosage: One or 2 tablets every 4 hours. Analexin is a yellow uncoated tablet.

analexin-AF each tablet contains 100 mg. of phenyramidol and 300 mg. of aluminum aspirin. Indications: for relief of pain and muscle tension complicated by inflammation and/or fever, as in: arthritis, arthralgia, bursitis, tendinitis. Dosage: 2 tablets every 4 hours. Analexin-AF is a two-layered tablet—yellow and white.

BETRIBUCES: 1. Gray, A. P., and Heitmeier, D. E.; J. Am. Chem. Soc. 81:4347, 1959. 2. O'Dell, T. B., et al.; Fed. Proc. 18:1694, 1959. 3. Batterman, R. C.; Grossman, A. J., and Mouratoff, G. J.; Am. J. Med. Sc. 238:315, 1959. 4. Wainer, A. S.; The Use of Phenyramidol in Obstetrics & Gynecology, Read before the New York Academy of Sciences, Dec. 5, 1959. 5. Bealer, J. D., Clinical Report 15:1599. 4. Post. 1959. 4. Post. F., C. Clinical Report 511:599, 1959. 7. Beach C. Clinical Report 511:599. Aug., 1959. (Clinical Reports referred to are on file at the Medical Department, Irwin. Neisler & Co.)

MEDICAL ECONOMICS · FEBRUARY 15, 1960 235.

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#### RURAL PRACTICE

But I've learned to keep my mouth shut.

Even with all this unpleasantness, it wasn't until the past year that my wife and I decided to leave Feckless. During the year, we've become the victims of a frightening aspect of American rural life: tribal warfare.

#### The Tribal System

Because of the town's isolation, and because there has been so little new blood in the community, most of the population is interrelated. The average patient is more than a member of a family. He's part of a larger tribe as well.

These "tribes" are cohesive, powerful, and dangerous. They seem to have a mob-type intelligence that's capable of turning on someone without reason or warning. I should know. The biggest, strongest tribe in Feckless turned on me a year ago.

I'll call it the Higgins tribe. It comprises about fifty families in the town and county. Its members include the mayor, the school superintendent, the county commissioner, and the county agent. Its undisputed patriarch is 86-year-old Oliver Higgins.

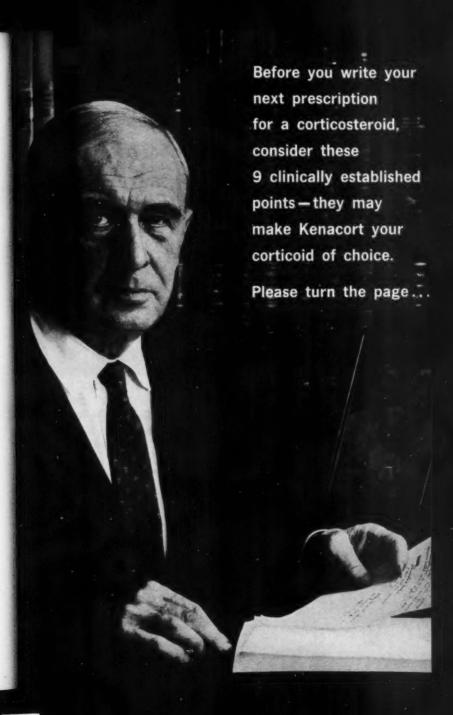
I'd been treating old Mr. Higgins for two years. A year ago, he developed an acute gallbladder condition. I hospitalized him and called in a surgical consultant. Together we arrived at a course of treatment. After a few days of high fever and extreme weakness, the old man began to improve.

#### Feudin' in Feckless

About a week later, I had to make a one-day trip to the state capital. I told Mr. Higgins of my plans. But while I was gone, he still demanded to see me. My wife pointed out that I'd told him of my trip the day before. Oliver Higgins remembered no such thing. All he knew was that he wanted to see me and I wasn't there.

Enraged, he summoned the leading members of the tribe to his bedside. He then denounced me as an inhuman creature who had left a dying old man virtually unattended. Was his family going to stand for that?

Continued on page 240



# considerable continues of the continues

initial therapy remarkably free from complications

Allison, J. R., Sr., and Allison, J. R., Jr.: Monographs on Therapy 3:99 (Oct.) 1958.

pre-prescription point number

absence of edema

Council on Drugs: J. A. M. A. 169:257 (Jan. 17) 1959.

pre-prescription point number

continuing therapy
—maintenance doses
are low

Feinberg, S. M.; Feinberg, A. R., and Fisherman, E. W.: J. A. M. A. <u>167</u>:58 (May 3) 1958.

pre-prescription point number

less likely to create electrolyte disturbance

Bongiovanni, A. M.; Mellman, W. J., and Eberlein, W. R.: J. Pediat. <u>53</u>;3 (July) 1958.

pre-prescription point number

no sodium or water retention—low salt diet not necessary

J. A. M. A. 167:973 (June 21) 1958.

pre-prescription point number

no secondary
hypertension—no
significant change
in pulse, respiration,
or blood pressure

Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.: J. A. M. A. <u>167</u>:959 (June 21) 1958. Beristen, C. A., Jr., and others: New York Rheumetism Association, Annual Meeting New York, April 9, 1959.

pre-prescription point number

## Kenacort

Available in 1 mg. 2 mg. and 4 mg. scored tablets



Council on Drugs: J. A. H. A. 169:257 (Jan. 17) 1959.

pre-prescription point number

without unnatural psychic stimulation —does not stimulate and rarely depresses the mood

Shelley, W. B.; Harun, J. S., and Pillsbury, D. M.; J. A. M. A. <u>167</u>:959 (June 21) 1958. Council on Drugs; J. A. M. A. 169:257 (Jan. 17) 1959.

pre-prescription point number

gastrointestinal complaints infrequent

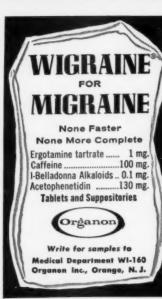
J. A. M. A. 167:973 (June 21) 1958.

pre-prescription point number



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uibo Quality - the Priceless Ingredient



#### The Brown Schools

## MENTALLY-RETARDED and EMOTIONALLY-DISTURBED Children and Adults...

Seven resident centers make it possible for THE BROWN SCHOOLS to place the exceptional person in a climate of group living most congenial to his age and interests, to his personality organization, and his level of social, educational, emotional, and physical development.

To receive a detailed catalogue and other regular publications describing in text and photographs the services and facilities of THE BROWN SCHOOLS, use the coupon below.

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THE BROWN SCHOOLS
AUSTIN, TEXAS • Founded in 1940

#### RURAL PRACTICE

Senile though he might be, the patriarch had spoken. His tribe went into action. An ambulance was summoned from the nearest city. Over the protests of my wife, old Oliver Higgins was removed from our hospital and taken to a city institution.

When I returned to Feckless that night, I heard the story in detail. I was angry, but I couldn't help being amused. It did seem funny that this "dying" old man had delivered a rafter-rousing diatribe against me and then had directed his removal from the hospital. But that night was the only time I was able to see anything amusing about it.

Since then, I've felt the full wrath of the Higgins tribe. So has my wife. The fact that old Oliver Higgins recovered completely makes no difference. The old man felt—and feels—that the doctor must be punished. So, of course, does his family. And not too many people in the community believe in opposing the Higginses.

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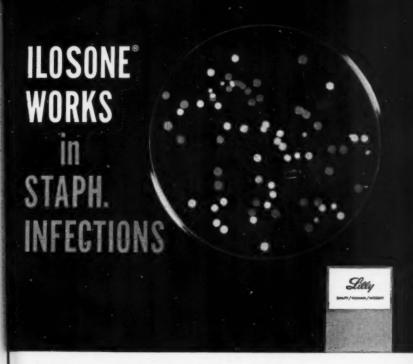
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ELI

Results? In the past year I've lost about 200 patients. My gross income has dropped 25 per cent.

Continued on page 244

240 MEDICAL ECONOMICS · FEBRUARY 15, 1960



## "In our hands it has been particularly helpful in the treatment of staphylococcic disease." 1

In difficult staph. infections, a decisive response may be obtained with

Ilosone in a high percentage of cases.

In a study¹ of 105 patients, sixty-four of whom had Staphylococcus aureus infections, good results were obtained with Ilosone in 94 percent. Ten subjects had previously failed to respond to other forms of chemotherapy. The authors concluded that Ilosone ". . . is useful in treatment of a number of common infections and has been effective in treatment of a number of less common and more serious infections. . . . In our hands it has been particularly helpful in the treatment of staphylococcic disease."

Ilosone is available in **Pulvules®**, 125 mg. and 250 mg.; Lauryl Sulfate 125 Suspension, 125 mg. (base equiv.) per 5-cc. tsp.; and Lauryl Sulfate **Drops**, 5 mg. (base equiv.) per drop. Usual dosage for adults and children over fifty pounds is 250 mg. every six hours.

1. Smith, I. M., and Soderstrom, W. H.: J. A. M. A., 170:184 (May 9), 1959.

llosone® (propionyl erythromycin ester, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

03253

# Lifts depression...



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Ba eff

am sti ag An bit ter oft In eff

fee Unl dru, wee smo

Acta dam live chot ual: with

# as it calms anxiety!

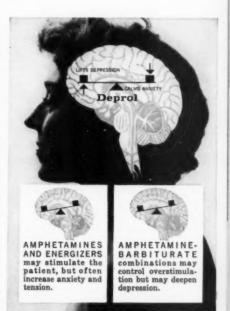
Smooth, balanced action lifts depression as it calms anxiety... swiftly and safely

Balances the mood—no "seesaw" effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient—they often aggravate anxiety and tension. And although amphetamine-barbiturate combinations may counteract excessive stimulation—they often deepen depression.

In contrast to such "seesaw" effects, Deprol lifts depression as it calms anxiety – both at the same time.

Acts swiftly - the patient often feels better within a few days. Unlike the delayed action of other drugs which may take two to six weeks to bring results, Depro's smooth, immediate action relieves the patient quickly - often within a few days.

Acts safely - no danger of liver damage. Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function - frequently reported with other drugs.



# 'Deprol'

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d.

Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. mepro-

Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

**80-1211** 



#### RURAL PRACTICE

But even worse is the fantastic slander that has evolved from the Higgins affair. Some choice items being circulated:

I worked my way through medical school by performing abortions. My wife has been married three or four times before and isn't really an R.N. I'm having affairs with at least two of the clinic aides. My children probably aren't mine. My patients who have died have "been killed."

That such gossip is idiotic and even childish makes it no easier to bear. But what makes it totally impossible is this: We know the vicious stories will continue as long as the Higgins tribe is down on me. And the Higginses aren't a notably forgiving crew.

So I've had it. I'm now heading for a city—the bigger, the better.

Am I sorry for myself? Not really. In a way, I deserved what I got for not investigating the town more thoroughly. Above all, I should have hunted up the "medical misfits" Feckless had before I came. I should have made a point of finding out about their experiences.

It has been a bad five years, but it's almost over for me. The person I feel sorry for is the doctor (whoever he may be) who'll eventually replace me in the town of Feckless. END

My nurse answered the phone and a feminine voice inquired as to my fee for a physical examination. My nurse replied that a general physical was included in the office visit fee, but there'd be an additional charge if a pelvic exam were indicated.

The telephone voice hesitated, then said: "Gee, I don't know if I'll need that. I just want to go to Boy Scout camp." -GEORGE C. WRIGHT, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.



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References, Canel M. A. Agoint and Scale Consention. All Consention. Millenia City, M. J., John B. 12, 1995, 2 Welerson, A. P.; Britt M.J. 2.1531, 1995, 3 Editorial Comments. The effect of ecopysisticitic acid on the Transparent M. J. A. M. A. Conservation. A. J. M. Consential A. J. M. M. A. J. M. A

#### Where to Find An Aide

Continued from page 73

prejudiced against most reputable agencies. It's true that an agency's range of choice is limited by the size and variety of its own list of registrants. It's true that agency lists carry the names of many near-unemployables, and that the same deadheads register with many agencies. But an agency won't last long if it does not deliver the goods. A well-established agency is generally worth trying in your search for an aide.

3. You can shop around the schools. I mean all kinds of schools. Every community has a high school somewhere handy. Many have vocational and technical schools, business schools, junior colleges, colleges. There are schools for nurses, schools for X-ray and laboratory technicians, schools for medical-record librarians. In a few areas there are special schools for medical aides.

I've found excellent girls for clients simply by phoning highschool principals. One principal said I was a godsend; he had the very girl, and he'd been wondering how in the world to locate a doctor who might need her.

A Yonkers, N. Y., physician once asked his chief aide how she managed to come up with such splendid trainees. Her answer: Whenever a new girl was needed, she called a friend who ran a business college and asked him to send over the pick of the crop.

Unless she's a graduate of a nursing school or of a technician-training school, however, the girl you get from an educational source must learn how to apply her background skills to the unique requirements of a medical office. Don't expect a readymade aide from a college, high school, or even a commercial business school.

The specialized schools for medical office assistants are different. Their training hardly ever lasts less than a year, and it may last up to four years. A typical curriculum will include courses pr

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#### FINDING AN AIDE

in basic secretarial skills, medical terminology, and paramedical skills. The students may also get on-the-job training in doctors' offices and in hospitals.

Naturally, such schools have little difficulty placing their graduates. Says the placement officer of one long-established New York City school: "We get calls for more girls than we can supply. And because there aren't enough to go round, the young

ladies can get pretty snooty. Some will turn their noses up at any job away from Park Avenue. Or a girl who lives in Brooklyn won't work outside Brooklyn. And-rightly-they expect good salaries."

The schools for aides and the agencies all say amen to that word "rightly." A common complaint among them is that doctors "don't want to pay enough."

Continued on page 254

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"What's lockjaw?"

# In the menopause... transition without tears



#### Milprem promptly relieves emotional distress with lasting control of physical symptoms

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Miltown®+conjugated estrogens (equine)

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MILPREM-200, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine).

Both potencies in bottles of 60.

Literature and samples on request.

In minutes, Milprem starts to ease anxiety and depression. It relieves insomnia, relaxes tense muscles; alleviates low back pain and tension headache. As the patient continues on Milprem, the replacement of estrogens checks hot flushes and other physical symptoms.

Easy dosage schedule: One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.



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Comments a respected school head: "We're up against the money problem all the time. A doctor will call, and I tell him we'll have a girl graduating in a few weeks. The doctor says, 'No beginners for me; I want an experienced girl.' Then I ask the doctor what salary he has in mind. Ten to one, he'll offer less than I was planning to ask for a beginner. Physicians should realize they can't get the cream of the crop at a skim-milk salary."

What's the word, then, on applying to the placement bureau of a school for aides when you're hunting a Girl Friday? Just this: If there's such an institution in your vicinity (try the Yellow Pages), pick up the phone and make the necessary inquiries. But if you really want a good aide, expect to pay her a good salary.

4. You can use the grapevine. This means asking your departing aide to pass the word around that she's leaving. It means asking your other aides, if any, to talk it up in the drugstore, the church, and the neighborhood. It means letting your patients

know you're on the lookout. It means telling the detail men who call on you that a vacancy's coming up.

The grapevine probably deadheats with the classified ad as the most popular way to find a new aide. And it works. Through this inexpensive method, a Bristol, Tenn., internist has two sisters working for him. The elder offered to train the younger if the doctor would take her. He did, and she did.

Similarly, a bookkeeper came all the way from Washington, D.C., to South Carolina when her sister-in-law dropped her a newsy note mentioning a clinic job. And I know a secretary who's the daughter of a detail man; her dad hand-picked the doctor-employer.

Many doctors have aides who were formerly patients. But most management men advise against recruiting from this source.

"If the girl doesn't turn out well," comments Management Consultant Ben Loventhal of Louisville, Ky., "the doctor has a problem on his hands. He loses an aide, a patient, and, likely as



# there's no juice like citrus juice

As a high-potency source of vitamin C, citrus juice—fresh, frozen, or canned—is unmatched for convenience and economy. The table below shows amounts<sup>†</sup> of other fruit juices required to supply the 100 mg.\* of vitamin C in one glass (7-9 fl. oz.) of citrus juice.

citrus	t glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses



†Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.



\*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. fornormal adults.

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not, some of the misfit's friends."

So you'd better think twice before hiring a patient. But let your
patients help you in the hunt for
an aide. There's one special advantage in the grapevine method:
When friends and associates become involved in your search,
they tend to screen their nominees fairly well. Knowing you,
they have a fair idea of the kinds
of personality you like and dislike. And—unless you're mighty
unpopular—they're likely to
"sell" you as a possible boss.

Speaking of friends and associates, don't forget to drop the word at your local medical society meeting. And call the executive secretary of your state medical association; he may have a file of hopefuls. Finally, if the American Association of Medical Assistants has a chapter in your locality, be sure the chapter secretary knows you're looking. The moral: If you're in search of an aide, don't keep it secret.

5. You can raid a hospital. This maneuver deserves special mention because it raises the problem of physician-hospital

relations. Administrators get hot under the collar when nurses and record-room girls quit, only to show up a week later in the offices of attending physicians. And this sort of thing is happening all the time.

"Most hospital aides would rather work in a doctor's office," asserts a management-consultant friend of mine who prefers not to be quoted by name. "Just circulate the news in the hospital that you're looking for an office aide. It doesn't matter whether you want a registered nurse, a technician, or a secretary. In a day or two, one or more will phone you. That's why I tell my doctor-clients to notify everybody in the hospital that they're looking for a girl-except the administrator and the director of nursing."

Early last year, a Michigan EENT man hired two aides from a hospital where he's a staff member. "It was a raid, sure enough," he observes. "But what's a man to do? I knew the girls were good, and they wanted to work for me."

Not too long ago, a hospital Continued on page 259

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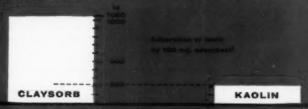
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1. Barr, M., and Arnista, E.S.: J. Am. Pharm. A. (Scient. Ed.) 46:493 (Aug.) 1957. 2. Barr, M., and Arnista, E.S.: Ibid. 46:486 (Aug.) 1957. 3. Barr, M.: Ibid. 46:490 (Aug.) 1957.



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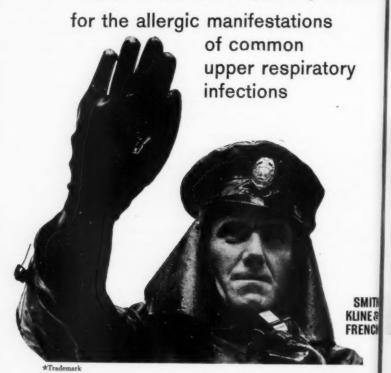
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administrator beefed to me that, in the short space of three months, four of his employes had landed jobs with doctor-clients of mine. What the girls hadn't told him was that they'd all intended to give up their hospital jobs anyway. At least that's the story they told me.

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RENC

I can't condone raiding the hospital for personnel. Yet I fully appreciate why it's done. So I'm going to weasel out this way: If a hospital employe applies to you for a job, you needn't have pangs of conscience about hiring

her. But it isn't cricket to lure one away.

6. You can get help from a management consultant. Let me be clear on one point. Management consultants don't run placement bureaus; at least, I don't know any who do. So I'm not suggesting that you call up a strange consultant and ask him for help.

But if you already employ a management man, it makes sense to enlist his aid. He knows lots of doctors' employes and ex-employes and would-be employes,



Desiccate those unsightly. possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator. More than 150,000 instruments in daily use.

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MEDICAL ECONOMICS - FEBRUARY 15, 1960 259

#### FINDING AN AIDE

and he may be able to put you in touch with a suitable girl. I've done it on numerous occasions.

Please don't confuse us with employment agencies, though. We don't have the right kind of business license.

7. You can bring the little woman into the office. Much has been said about the wisdom or unwisdom of doctors' using their wives as aides. It's a moot question.

I happen to belong to the "no wives in the office" camp. My counsel is the same that London's Mr. Punch once gave to those about to get married: "Don't."

I'm convinced that most patients prefer the office girl to be someone other than the doctor's wife. It's a conviction based on persistent questioning over a number of years. Granted, my face can be reddened by many brilliant exceptions, but I remain unrepentant.

The above seven ways to find an aide are the only tried-andtrue ones I know of. Of course, there are other methods, but they



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ermicidal Time of Six Leading Contraceptive Jellies in Minutes

Cytometer Chamber Spermatocidal Test

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e, D. A., and Slightor, R. G.: J.A.M.A. 189:2257 (Dec. 27) 1688.

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References: I. Berberian, D. A., and Slighter, R. G.: J.A.M.A. 188:2257 (Dec. 27) 1958. 2. Balley, J. H.: Coulston, F., and Berberian, D. A.: J. Am. Pharm. A. (Sc. Ed.) 45:212 (April) 1959. 3. Gamble, C. J.: Am. Pract. & Digest Treat. 9:1818 (Nov.) 1958. 4. Berberian, D. A.: Coulston, F., and Slighter, R. G.: Toxicol. & Appl. Pharmacol. 1:386 (July) 1959. 5. Warner, M. P.: J. Am. M. Women'a A. 11:412 (May) 1959.

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defy classification. What label can be given to the maneuver that landed the town's top scrub nurse for a Philadelphia surgeon? Having long envied a colleague his possession of this gem, he drove his cream-colored Jaguar around to her home one evening and said to the astonished nurse: "What does he pay you? I'll go \$150 a month higher."

Then, too, the remote possibility of a walk-in can't be entirely discounted. One of the finest secretaries I know got her present well-paid job by the shoe-leather

method. She started up "Doctors' Row" in the city of her choice, determined to plow the length of the furrow if she had to. On the third call, she got her job. That was five years ago. Her employer considers himself a very lucky man.

But it's a poor idea for any doctor to rely on luck. It's far wiser to follow the beaten paths. The beaten paths I'd suggest following bear signposts that say: Advertise, Try the Agencies, Tap the Schools, and Use the Grapevine. END

#### y time is your time

I waited patiently to park while a car eased out of a space in front of our hospital. Then, as I was getting ready to back in, a woman drove right up behind me and occupied the space.

As she got out of her car, I called to her, "Didn't you see I was waiting to park there?"

"I did," she said loftily. "But I'm in a great hurry. My nephew was in an auto accident. His spleen was ruptured, and he's about to be operated on." She made it sound very dramatic.

I smiled a superior smile. "But you have plenty of time, madam," I said. "You have until I find a parking space. You see, I'm the doctor who's going to operate on your nephew."

-M.D., DELAWARE

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 Macy, I. G.; Kelly, H. J., and Sloan, R. E.: With the Consultation of the Committee on Maternal and Child Feeding of the Food and Nutrition Board, National Research Council: The Composition of Milks, National Academy of Sciences, National Research Council, Publication 254, Revised 1953.

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Among 48 patients previously treated with other coronary vasodilators, ISORDIL was demonstrably superior in 37, equivalent in 9, inferior in 2.

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"The most effective medication for the treatment of coronary insufficiency available today." -Sherber

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#### prompt, prolonged coronary vasodilatation

rapid onset

is:

ISORDIL acts rapidly compared with other prophylactic agents-patients usually experience benefits within 15 to 30 minutes. Virtually eliminates unprotected periods.

The beneficial effects of a single dose perprolonged action sist for at least 4 hours, for most particular and description of the prolonged action sist for at least 4 hours, for most particular and description of the prolonged action sist for all least 4 hours. tients q.i.d. dosage is highly satisfactory.

consistent effect

Response of patients treated in various clinical studies1 to date was 85 per cent good, 7 per cent fair, and 8 per cent unsatisfactory.

unusual safety

The only side effect reported has been transitory, easily controlled headache, normally considered an expression of effective pharmacodynamic activity.2

#### References:

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1. Summary of Case Reports on File, Ives-Cameron Company (1958-1959). 2. Riseman, J.E.F., et al.: Circulation 17:22 (Jan.) 1958. 3. Russek, H.I.: Personal Communication (Oct., 1959). 4. Case Reports on File, Ives-Cameron Company (1958-1959). 5. Albert, A.: Personal Communication (Oct., 1959). 6. Sherber, D.A.: Personal Communication (Oct., 1959).

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# What's Gone Wrong With Specialism?

Continued from page 92

tients. The other half admit that when they do give such treatment, referring doctors often resent it. The result of such a situation is naturally hostility all round.

But there's another explanation for the hostility. Says a Maryland psychiatrist: "Too often we get the emotional cases other doctors don't want." What's more, many of the surveyed men complain that they get too many needless referrals. To quote one man: "Why don't other physicians realize that the psychosomatics and organic-based psychoses don't necessarily have to come to us? They often require consultation, not referral."

Slightly more than half the psychiatrists agree with their New Mexico colleague who says: "I feel very strongly that we must *urge* other specialists to do more

psychiatry, using common sense and official and unofficial consultation." But the jurisdictional problem is complicated by the psychiatrist's own ambivalence, according to a Louisiana man: "Consciously we encourage other doctors to utilize psychotherapy; unconsciously we resent it. Witness our objections to others' doing medical hypnosis."

#### Radiology

"We're undoubtedly the most put-upon of the specialties," complains one radiologist. Adds another: "Too many physicians do too much radiological work particularly radiotherapy—with too little training."

Those remarks sum up the problem in this field. The radiologists deplore other doctors' overstepping the bounds in everything from reading X-ray plates to using isotopes. Among the transgressors cited are roent-genologists who do radiotherapy.

In addition, a number of the surveyed men resent the fact that nonradiologists too often give priority to other methods of treatment. Surgery, as one res-



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\*Schneider, H.C.: In Press, J. Intern. Coll. Surgeons



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Wyeth Laboratories Philadelphia 1, Pa.





#### **SPECIALISM**

pondent points out, "isn't always the treatment-of-choice for cancer."

#### Ophthalmology

Because the small territory they cover requires so much specialized knowledge, the men in this field find themselves singularly free from "poaching." One exception: "I sometimes can't help growling when a plastic surgeon does lid surgery," reports a Michigan eye man.

But the typical ophthalmologist seems genuinely concerned about the possibilities of infringing on *other* fields. Most often cited borderline area: sinusitis and ENT troubles involving the eyes. Next most troublesome problem: How far from the eye can the eye man stray without incurring criticism?

"It's hard to know what to do about a carcinoma that begins on the lower lid and extends one-half inch below the lid border," explains one ophthalmologist. He generally plays safe, he adds, by calling in other specialists whenever the ocular problem stems from medical diseases like hypertension and diabetes; from

newest advance in iron therapy

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...IS A CONSISTENT HEMOGLOBIN RESPONSE

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"Sacagen—special absorption agent. Trademarks: 'Simron,' 'Socagen' 1. Ausman, D. C.: J. Am. Gerlatric Soc. 7 268, 1959.



THE WM. S. MERRELL COMPANY New York - Cincinnati - St. Thomas, Ontario

#### SPECIALISM

neurological disorders like multiple sclerosis and brain tumors; or from such orthopedic problems as facial fractures.

#### **Orthopedic Surgery**

"I surmise that any general surgical procedure is taboo," remarks a North Carolina orthopedist. His colleagues generally agree. But many of them add that they wish the general surgeons would respect the reverse concept. A common view: "The general surgeons feel they can treat all types of trauma. But

they'd be incensed if an orthopedist removed an appendix."

The orthopedist's basic jurisdictional problem is just that: to keep from poaching on the general surgeons' domain. Thus, he does surgery of the extremities with some reservations, because soft tissue repairs and blood vessel complications (both general surgery) arise. And, though he is the bone man, he sometimes suspects that elementary, undisplaced fractures are "too easy" for him. Some other cited borderline areas:

in diabetic therapy, the patient should be taught to make "...day-to-day adjustments in the regimen on the basis of serial urine tests."

Danowski, T. S.: Diabetes Mellitus, Baltimore, Williams & Wilkins, 1957, p. 239.

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the standardized urine-sugar test for reliable quantitative estimations



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¶ "Are skin grafting and repair of congenital deformities within our province or the plastic surgeons'?"

¶ "Do arthritic conditions belong only to the internists?"

¶ "We can't help clashing with neurologists and ophthalmologists over some aspects of facial fractures."

#### Anesthesiology

Solidly entrenched in his well-defined field, many an anesthesiologist evidently longs to get out of the operating and recovery rooms. A frequently voiced complaint: "Seldom do other physicians take advantage of the highly skilled consultation that we can offer on any problems in-



volving resuscitation, treatment for shock, permanent nerve blocks, and other pain relief."

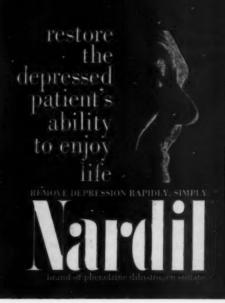
In almost all these areas, of course, other specialties have a prior claim. In resuscitation, the anesthesiologist would be doing the bronchoscopy and airways of the ENT man, or the oxygen therapy of pulmonary specialists. With treatment for shock, he'd be bucking the general surgeons. And though he's on safer ground with permanent nerve blocks, the neurologists have a claim on diagnostic nerve blocks, and the psychiatrists object to other doctors' using hypnosis for intractable pain.

#### Urology

One urologist defines his field as "any urological problem: medical, surgical, or neurotic." He's the one in ten who refuses to admit that there are borderline areas in his field. His nine colleagues are less sure of themselves.

For instance, they recognize a sex barrier: genitourinary diseases in men; only urinary dis-

Continued on page 276



No significant reports of toxicity to liver, kidneys or blood.1-10 . Nardil corrects depression with simple tablet therapy in 4 out of 5 cases within 2 to 6 weeks; therapeutic action often within first few days. 1-10 Prescribe Nardil when your patient is "down at the mouth," apathetic (with or without associated anxiety), afflicted with feelings of guilt, self-contempt and uselessness, appetite and sleep troubles, and/or vague or exaggerated physical complaints. 

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8. Sarwer-Fouer, G. J., at al.: Canad. M.A.J. (in press) 1959. 9. Hobbs, L. E.: Virginia Med. Monthly 86: 692, 1959. 10. Dunlop, E.: Dis. Nerv. System (in press) 1960, NA-GPG2 WOHNIS PLAINS, N.





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Side effects were minimal, being limited to gastric intolerance in a few cases, usually controllable by giving drug with or after meals. Laboratory studies revealed no adverse influence on renal, hepatic or hematopoietic function, nor other signs of toxicity.

Lysaught, J.N., and Cleaver, W.: Paper presented at the Symposium on Antibacterial Therapy, Michigan and Wayne County Academies of General Practice, Detroit, Sept. 12, 1959 (published Nov., 1959)

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NITROFURANS—a unique class of antimicrobials EATON LABORATORIES, NORWICH, NEW YORK eases in women. They realize that their interests clash with the gynecologists' on G.U. operations of all kinds—most particularly, on cystoceles and vesicovaginal fistulas. They worry (as do the gynecologists) about whether to keep or refer urinary-tract infections. And they aren't certain about who should handle the sterility-artificial insemination problem.

Then, too, what about the overlapping of urology and general surgery? Are the adrenal glands an upper limit for the one—or a lower limit for the other? Similarly, who should treat the hernias that accompany hydroceles and undescended testicles?

#### Pathology

The typical pathologist sees himself "fenced in by the walls of the laboratory." Says one man: "I know I can venture out only as a curbstone consultant to other staff members. And I don't like it."

What would he and his colleagues like? A number of them think they should be permitted to do more clinical work—some treatment and physical examinations. At the same time, they don't want to be thought of as marauders. Blood problems pit them against internists; radioisotope diagnoses bring them into conflict with radiologists.

#### Ear, Nose, and Throat

Although his is the second oldest specialty chronologically, the ENT man is looking for new worlds to conquer. Ear surgery is becoming an acknowledged subspecialty. So is rhinoplasty, which, as one man puts it, is "within the realm of both ENT and plastic surgery." The surveyed men also seem to be branching out into such adjacent areas as thyroids and radical neck dissections.

Comments a Wyoming otolaryngologist: "ENT training centers are now placing greater emphasis on radical surgery of the head and neck. Most general surgeons regard this with horror, even though they themselves are very poorly trained in this line. So there's surely trouble ahead."

From all the above, it's clear

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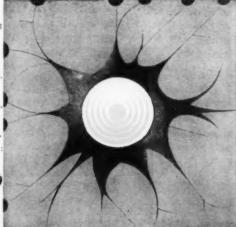
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that the doctors in a given field of practice are often confused about what lies within their boundaries.

Is it true that jurisdictional uncertainties are an inescapable curse of modern specialism? The answer is probably yes. But a number of the surveyed physicians do make suggestions that would at least partially cope with

the situation. Among their recommendations:

The limits of each specialty should be more specifically staked out. Says one man: "What's most needed is a revision of all certification procedures and training requirements. If we can't define the boundaries more clearly, let's at least try to give all specialists a broader training

#### own the hatch!

Early one morning during my interneship, I was called to . the phone to talk to a man who'd insisted on speaking to a doctor about his urgent medical problem. He sounded quite drunk and spoke with a curious nasal twang. "How do you cut Le Page's glue?" he asked.

"Cut Le Page's glue?" I repeated.

"Yeah," he said. "Y'see, earlier tonight, I drank a bottle of wine; then I split a bottle of turpentine with a friend. Then I wanted something more t'drink, and my friend said Le Page's glue was pretty good stuff. So I took a big swig, and now it's all stuck to my teeth and the roof of my mouth. No matter what I drink, it stays there. The man at the drugstore said try a little vinegar. I drank a whole bottle, and it didn't do no good at all. Doc, do you think an enema would help?"

I said I thought it might.

"O.K.," he said. "How much soap should I drink?"

-RUSSELL O. BRIERE, M.D.

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#### **SPECIALISM**

in allied and overlapping fields."
(A later article will discuss some of the detailed changes suggested by the surveyed physicians.)

¶ The trend toward group practice should be accelerated: "Only in group practice can borderline cases be handled by mutual consent."

¶ There should be more "tandem" and "parallel" management of borderline cases: "Ideally, one specialist should always be glad to call in a man from another field, so that both can cooperate on the case." (But most doctors say they generally hesitate to do this because of the expense to the patient.)

Whatever the solution, something needs to be done, say a majority of the doctors. The person who suffers most from jurisdictional disputes is the patient, one man points out: "Until a decision is reached, many problems are being initially handled by the 'wrong' specialist. When decided, complete referrals can be made. Meanwhile, though, who's to start working up the 'God only knows' diagnoses?"

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## What Happens to Incomes When Doctors Team Up?

Continued from page 97

sider would have had to establish his own good name.

Then, too, the son usually brought fresh ideas to the practice. And the fathers I'm reporting on are doctors who don't mind learning something new from the young. In such an atmosphere, father and son can—and clearly did, in the surveyed cases—team up for each other's benefit.

I think a final reason why father-son partnerships tend to work out so well is this: Those that won't work usually don't get formed. Through years of family relationship, father and son usually know whether or not they'll be able to get along together as physicians.

#### **The Losing Combinations**

► Partnerships between two new men. We have only five such cases in our files; ordinarily, I'd consider this too small a sample from which to draw conclusions. But I think it's significant that all doctors in these five partnerships netted slightly less in their first year than does the typical youngster who starts out solo in our area.

Why? Again, remember, I'm speaking of physicians whom I know. In four of these cases, it happens that the doctors spoke to me about their motives in forming a partnership. Each of them thought of it as the "safe" thing to do. They seemed to lack the self-reliance and drive that make for quick success in medical practice.

#### A Summing Up

To sum up my tentative conclusions from this study:

Senior-junior combined practices tend to be initially profitable for the senior man if he makes the fullest possible use of his own time and that of his new associate. Even if he doesn't, he's likely to break even.

Experienced doctors who team up also do well right off; they do exceptionally well when they From

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#### TEAM INCOMES .

take on a third, younger man to handle additional patients. And it's fairly certain that the wellestablished doctor whose son goes into practice with him will increase his income during the first year of their combined practice.

But new-doctor partnerships are likely to be less profitable for each physician than solo practice would be. Possibly such young doctors are by nature less ambitious than are beginners who prefer to go it alone.

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MEDICAL ECONOMICS · FEBRUARY 15, 1960 28

## Memo

From the Publisher

#### **About Our Editors**

What sort of people stand behind the reading matter in MEDICAL ECONOMICS? Are they properly prepared for the job of collecting and conveying information that doctors can depend on?

If you take our thirty-five top editors, writers, and researchers together,\* you find that the resulting composite has had 161 years of higher education. He graduated twice from Lafayette, twice from the University of Wisconsin, once each from Dartmouth, Harvard, Princeton, Williams, and twenty-two other colleges. Later he studied at both Oxford and Cambridge. He ended up with forty-three degrees, including six M.A.s, three Ph.D.s, and four M.D.s.

This composite editor is not only well educated; he's also well trained in journalism. He got his start on newspapers ranging from the Anchorage (Alaska) Daily Times to the Washington (D.C.) Evening Star. Then came increasingly important jobs on some of America's best-edited magazines: Collier's, The New Yorker, the Reader's Digest, Time, U.S. News & World Report.

Along the way he developed an interest in economic affairs. This led him to work for such economic-minded magazines as Changing Times, Consumer Reports, and Forbes—and for such financial advisory organizations as Prentice-Hall and Merrill Lynch, Pierce, Fenner & Smith, Inc. These experiences led him in turn to MEDICAL ECONOMICS.

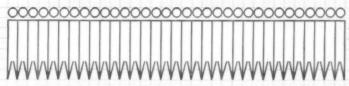
Our composite editor brought with him a surprising background in medical affairs. Somehow he'd held high-level jobs with the Presbyterian Hospital in New York and the Alameda-Contra Costa Medical Association in California. He'd also served as a Blue Shield information specialist and as editor of the A.M.A.'s "PR Doctor." Oh, yes—he'd also built up his own successful business as a management consultant to physicians.

By the time our man arrived at MEDICAL ECONOMICS, he had already acquired 239 years' worth of editorial experience. Since then he has acquired 157 more. And if he seems to be getting better at his job—well, why shouldn't he be? He's still only 1,366 years old.

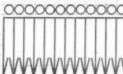
-LANSING CHAPMAN

<sup>&</sup>lt;sup>e</sup>MEDICAL ECONOMICS' masthead (page 13 in this issue) lists nearly all their names.

treats more patients more effectively...



Of 45 arthritic patients who were refractory to other corticosteroids\*

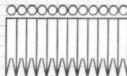


## 22 were successfully

treated with Decadron 1,2

Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958. 2. Bunin, J.J., et al.: Paper read before the Am. Rheum. Assoc., San Francisco, Calif., June 21, 1958.

\*Cortisone, prednisone and prednisolone DECADRON is a trademark of Merck & Co., Inc. Additional information on DECADRON is available to physicians on request.





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